

2010 BYFY Conference REGISTRATON FORM

Please type or print clearly.

NOTE: One form per participant.

Deadline: June 4th, 2010

Participant Information

First Name: _____ Last Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip/Postal/Code: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

Organization Information

Name of Organization: _____

Coordinator/Chaperon: _____ Title: _____

Address: _____

City: _____ State: _____ Zip/Postal/Code: _____

Phone: _____ Fax: _____

Website: _____

Liability Waiver

I hereby understand that the Mar Vista Family Center is not to be held responsible for damages or injuries to me and/or theft of my property while participating in any conference activities.

Participant Signature

Date

If under 18, Parent/Guardian Signature

Date

Please mail or fax this form to:

Blanca Diaz
Mar Vista Family Center
5075 South Slauson Avenue
Culver City, CA 90230
310-390-9607 Ex. 115
310-390-3097 (Fax)