



“STRENGTH
THROUGH
EDUCATION”

....“YOU CAN DO THIS”

MONTH YOU WANT TO ATTEND: _____

FIRST NAME: _____

LAST NAME: _____

AGE: _____ DATE OF BIRTH (DDMMYYYY): _____

PHONE #: _____

EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____