

NEW PHASE CORPORATION PRESENTS “BOSS” ENTREPRENEURSHIP PROGRAM FOR AT-RISK YOUNG LADIES

Full Name:

Phone:

Address:

Email:

Please fill out form before start of program

I _____ agree to attend the 6 month entrepreneurship program.

I am: under 18yrs old 18yrs, and up

Special instructions for my child :(Optional)

Emergency contact:

Name:

Phone:

In case of an emergency, I give permission for my child to receive medical treatment. (Parent signature needed for Scholar under 18 yrs. Old)

Parent/Guardian signature

Date

School Name, Street Address, City, ST ZIP Code