

REGISTRATION

Please print or type legibly

First Name: _____

Last Name: _____

Mailing Street Address/PO Box #: _____

City: _____

State: _____ Zip: _____ County: _____

Phone (optional): _____

Email: _____

School District: _____

Student Parent Other (please specify) _____

If more than one member of your family plans to attend please provide their information below (if address matches initial registrant, there is no need to repeat this information):

First Name: _____

Last Name: _____

Mailing Street Address/PO Box #: _____

City: _____

State: _____ Zip: _____ County: _____

Phone (optional): _____

Email: _____

Student Parent

First Name: _____

Last Name: _____

Mailing Street Address/PO Box #: _____

City: _____

State: _____ Zip: _____ County: _____

Phone (optional): _____

Email: _____

Student Parent

First Name: _____

Last Name: _____

Mailing Street Address/PO Box #: _____

City: _____

State: _____ Zip: _____ County: _____

Phone (optional): _____

Email: _____

Student Parent



July 17, 18, 19 2009
Pittsburgh, PA

The registration fee for this event is \$25.00 and \$10.00 for each additional family member.

Please enclose payment with your completed registration form and mail it to:

Unified for Youth
c/o GLSEN Pittsburgh
PO Box 110288
Pittsburgh, PA 15232

Make checks payable to:
GLSEN Pittsburgh

GLSEN Pittsburgh has made every effort to ensure that registration is affordable. However, we do not want this fee to be a deterrent for any students or families who might otherwise attend. If you wish to attend but feel you cannot afford this fee please contact us at pittsburgh@chapters.glsen.org or call us at 412-361-6996