



## SIXTH ANNUAL DREAM GIRLS CONFERENCE SATURDAY, MARCH 30, 2019

DOORS OPEN AND SIGN IN BEGINS 7:30 AM  
CONFERENCE ACTIVITIES 9:00 AM – 4:00 PM

NORTH CHARLESTON CONVENTION CENTER  
5000 COLISEUM DRIVE, NORTH CHARLESTON

**REGISTRATION DEADLINE: MARCH 1, 2019\***

**\*ALL REGISTRATION FORMS AND PAYMENT MUST BE RECEIVED BY THIS DATE.**

**\$30 REGISTRATION FEE  
(REGISTRATION FEES ARE NON-REFUNDABLE)  
BREAKFAST WILL NOT BE SERVED**

### STUDENT GROUP REGISTRATION FORM

**\*\*\*PLEASE NOTE THAT A FORM MUST BE COMPLETED FOR ALL ADULTS AND STUDENTS IN YOUR GROUP\*\*\***

**\*\*\* ALL GROUP FORMS MUST BE MAILED IN TOGETHER WITH YOUR CHECK OR MONEY ORDER. PLEASE DO NOT MAIL IN FORMS SEPARATELY. FORMS MAILED IN SEPARATELY WILL NOT BE PLACED WITH YOUR GROUP. THEY WILL BE AN INDIVIDUAL.\*\*\***

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

GROUP LEADER: FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF ORGANIZATION / AGENCY / FAITH-BASED / CHURCH AFFILIATION: \_\_\_\_\_

PARENTAL PERMISSION: I GIVE MY CHILD PERMISSION TO ATTEND THE 2019 DREAM GIRLS CONFERENCE

\_\_\_\_\_ PARENT/GUARDIAN PRINTED NAME

\_\_\_\_\_ PARENT/GUARDIAN SIGNATURE DATE SIGNED \_\_\_\_\_

\_\_\_\_\_ PARENT GUARDIAN CONTACT NUMBER

EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY CONTACT NUMBER \_\_\_\_\_

PAYMENT METHOD: \_\_\_\_\_ CHECK \_\_\_\_\_ MONEY ORDER (MAKE PAYABLE TO YOUTH EMPOWERMENT SERVICES)

BOX LUNCH CHOICE: (CHOOSE ONE) TURKEY: \_\_\_\_\_ HAM: \_\_\_\_\_ VEGETARIAN: \_\_\_\_\_

MAIL COMPLETED FORM(S) AND PAYMENT TO: Y.E.S., P.O. BOX 41784, NORTH CHARLESTON, SC 29423  
FOR CONFERENCE INFORMATION:

Registration Coordinator: Phone: (843) 818-3333 Email: [dgcinfo@yescouncil.org](mailto:dgcinfo@yescouncil.org)

Dream Girls Conference Website: [www.dreamgirlsconference.org](http://www.dreamgirlsconference.org)