



World of Girls and Boys Leadership Inc.

EMPOWERING CHILDREN TO LEAD AND SUCCEED!

REGISTRATION FORM FOR LEADERSHIP TRAINING HUB

DATE: _____

Student, First and Last name: _____

Age: _____

Birthday: _____

School, you attend: _____

Grade Level _____, Principal: _____

Name of School Counselor: _____

Your home address: _____

City: _____, State: _____

Zip code: _____

Contact Information:

Your email address: _____

Your Phone Number: _____

Parents Phone Number: _____

Print Name (Student): _____

Parent / Guardian Signature: _____

Date: _____