Soroptimist International of Cape May County

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✨ 2026 GIRLZ RULE APPLICATION ✨

☆ WHO: Vibrant young ladies in ***grades 5, 6, & 7*** who want to be part of something special! **Dress comfortably for an action-packed day!**
Must be pre-registered. No walk-ins will be accepted.

☆ WHAT: This **FREE** event for young ladies is a day to enjoy fun, empowering activities and workshops that celebrate the positive values of being female!

☆ WHEN: **Saturday, November 21, 2026**
Arrive 11:00 – Registration * **Depart 3:45**

Lunch & snacks provided 🍕 🍭

☆ WHERE: **Lower Cape May Regional High School**
687 Route 9, Cape May, NJ

☆ CONTACT: Mary Rose Bispels, bispelsmr1989@comcast.net 609-780-4296

Application must be submitted to your school's point of contact no later than **MONDAY, NOVEMBER 9, 2026.**
Each applicant will be responsible for transportation to and from the event.

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Complete and Submit this section (& other side) to your school contact.

STUDENT NAME: _____ GRADE: _____SCHOOL_____

PARENT/GUARDIAN PHONE #: _____ PARENT/GUARDIAN EMAIL_____

PARENT/GUARDIAN CONSENT
I hereby request & consent that my child or ward, _____, be permitted to attend and participate in the *GIRLZ RULE* Conference on **NOVEMBER 21, 2026.**

I agree that no official or employee associated with the conference will be held responsible for any injuries or damages occurring while my child is participating in the conference. I do hereby hold harmless the sponsoring agencies, their officials, divisions and agents against all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child's or ward's participation in the conference.

I, _____, *(check one)* _____grant *or* _____ do not grant permission to appear in person or in voice, video or photographic presentation for radio, television, or print media reports and/or media campaign(s) resulting from participation in the conference and to complete confidential or anonymous surveys and participate in interviews for evaluation purposes.

Parent/Guardian _____Parent/Guardian_____Date_____
(print) *(signature)*

⇨ *See other side* ⇨

Schedule of Day's Events

Saturday, November 21, 2026

11:00 A.M.	***Registration & Ice Breakers***
	(Accompany your student to Registration)
12:15 – 1:00 P.M.	***Lunch***
1:00 – 1:30 P.M.	***Charcuterie Cups***
1:35 – 2:05 P.M.	***CMC Library Fun***
2:10 – 2:40 P.M.	***US Coast Guard***
2:45 – 3:15 P.M.	***Country Line Dancing***
3:20 – 3:45 P.M.	***Wrap-up & Dismissal***
	(Meet your student in the Gym @ 3:45)

Each workshop will focus on various topics of interest to all – high school girl volunteers will be available throughout the day, as well as Soroptimists, to help all participants during the events. Join us for a "Girls Day Out" of fun and friendship.

Keep this above portion for your records.

Complete and Submit this section (& other side) to your school contact.

MEDICAL CONSENT

I hereby authorize appropriately trained medical personnel to administer first-aid treatment to the participant, if necessary. If the participant suffers a serious injury or illness, I understand that the Conference staff will notify me as soon as possible to obtain approval for treatment. IF efforts to contact me or my designees are unsuccessful or are not possible during emergency circumstances, I hereby authorize the attending physician to administer any treatment including surgery that he or she deems necessary. I understand that I will, in any event, be contacted as soon as possible.

Parent/Guardian _____Parent/Guardian_____Date_____
(print) *(signature)*

Does the participant have any medical concerns and/or allergies that we need to be aware of?

YES_____NO_____ If yes, please list: _____

EMERGENCY CONTACT_____Relation_____Phone#_____