

Application for Participation

D.R.E.A.M. Girls/Distinguished Gentlemen P.O. Box 47693 Los Angeles, CA 90047-0693



Please print all information legibly.

PARTICIPANT INFORMATION				
Name (Last,	First, Middle) <i>(as it is to appear in souve</i>	enir book) :		
Age:	Date of Birth (MM-DD-YY):	/ /		Participant's Email:
School Currently Attending:				Grade:
Volunteer/V	Work Experience: (Company Name, o	description o	f respon	sibilities). Indicate if this was volunteer or paid experience.
#1				
#2				
#3				
Do you hav	e an special hobbies or talents? Pleas	e list them.		
Why do you	y went to portioinate in the DCAL ife I	Dragram?		
Why do you want to participate in the DG4Life Program?				
PARENT/S	SPONSOR INFORMATION:			
Father's Name: (Last, First):		Home/Cell No.:		
Mother's Name: (Last, First):		Email.:		
Home Address:		City /	City / State / Zip Code:	
В	y signing this application, we agree to abide by	y the rules, regu	llations an	d financial commitments set forth by the DG4Life organization.
Parent/Sponsor:		Partic	Participant:	
Date:		Date:	Date:	
Interviewing Staff Member:		Date of	Date of Interview:	
Comments:				
			1	
Payment in	cluded with application:			Form of payment (cash/check)