



RIVER COALITION, INC.



Guiding Good Choices  
Registration Form

Parent(s) or Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Family Members	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will you need childcare?                      Yes                      No

\_\_\_\_\_ Sign me up for the February 28<sup>th</sup>-March 27<sup>th</sup> workshops.

If you cannot attend the first GGC, but are still interested, please indicate best time for you to attend workshops, if possible, note specific days of week:

- \_\_\_\_\_ Weekday evenings between 5:00 p.m. and 7:00 p.m.
- \_\_\_\_\_ Weekday mornings between 10:00 a.m. and 12:00 p.m.
- \_\_\_\_\_ Saturday morning between 9:00 a.m. and 11:00 a.m.
- \_\_\_\_\_ Other (Please indicate) \_\_\_\_\_

**Please Return to DLLS  
Attn: Patti Bradstreet**