



REGISTRATION FORM

Registration
Information

School Name: _____

Address: _____

Telephone, Fax, Email Address: _____

Teacher's Name: _____

Registration Fee: This summit is at no cost to the students currently participating in the ReCapturing the Vision program at your school.

Total Registrants _____ Males _____ Females

I _____ (Teacher's Name) have registered _____ (Total no. of Students) students at _____
_____ (Name of School), for Recapturing The Vision annual Teen
Summit taking place at the Double Tree Hotel on Tuesday May 10th and Wednesday May 11th.

Please fill out the registration form and attach your class roster of attendees. Please send the completed form and roster via email or fax .

Contact Information:

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