

YOUTH DEVELOPMENT SERVICES DIVISION

7TH ANNUAL HOLIDAY LUNCHEON

REGISTRATION

Last Name		First Name		Birth Date	CSW
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Address: _____ Number Street Apt # City State Zip Code			
Home #		Cell #	Email:		
State ID _____			ILP eligible: yes ___ no ___ unknown ___		
<p>By signing and submitting this application, I agree to attend the Youth Development Services Division, 7th Annual Holiday Luncheon on Thursday, December 21, 2017, 1:00-4:00 p.m. Please arrive at 12:30 p.m. to register; the event will be held at First AME Church (FAME) of Los Angeles, Allen House, 2249 South Harvard Boulevard, Los Angeles, CA 90018.</p>					
Student Signature: _____ Date: _____					
<p>To RSVP, please SCAN or Fax registration form by December 15th to: JacQueline Bowen at bowenj@dcsf.county.gov or Fax (213) 637-0036</p> <p>For more info, please call (213) 763-1778</p>					