e City of Surprise and in			Clubabaite (1
Surprise Te			
Frida	y, Marci	1 26, 201	"We are what we repeatedly o Excellence, then, is a habit"
at? The Teen Summit is a 4 ho	ur even <mark>t that will feature</mark> ns gear <mark>ed towards leade</mark>	e an <mark>ex</mark> citing guest spe ship, community initia	d Dysart Unified School District. aker, lunch and a series of fun, tives and education. Participants
rs to utilize their skills and know	pledge to succeed.		vithin our greater Community abour ted to the first 160 participants.
SD students please return forr partment @ 15960 N Bullard Av	ns to your school office. e.	All others return to	Community and Recreation Servic
ere? Check in will be at Surpris More Information? Contact D icipants will receive one free ticket to	onna Miller @ 623-22 <mark>2-</mark> 221	8 or donna.miller@sur	
eel <u>surprise</u>	Rio Salado	DYSART	
ARIZONA	Schedule Frida	hified School District Y, MarCh 26, 2010	
8:30am: Check In 8:45am: Welcome		11:00 am: Br <mark>ea</mark> kout S 11:30 am: Lunch & B	
9:00am: Opening Speake 9:50 am: Breakout Sessi 10:25am: Breakout Sessio		12:15 pm: Special Gu 12:55 pm: Closing and 1:10 pm: Program En	
	Teen Leadership Summi REGISTRA	: - Friday, March 26, 2010 FION FORM	
Name	School Attendi		Birth date Zip
Address	Email	(_Ity	ZIP 🛠
Parent/Guardian Name:	Emergency Con	aCt Information	
Parent/Guardian Name: Home Phone #: () Emergency Contact Person #1: Emergency Contact Person #2: Allergies/Health/Special Consider	Work: ()	Cell: () Phone #: ( Phone #: (	*
Allergies/Health/Special Consider	ations staff should be away		*
I/we the parents/legal guardian give perm hospital and physician to perform emerge		edical Release during the transportation and	attendance of this event. I/we authorize any
Parent/Guardian Signature		Date	
I grant permission for my child, named ab liability, losses, damages to or destruction Community and Recreation Services, exc employees or officers of the City of Surpri	ove, to participate in the Teen Su of property arising out of or in any ept when such injury or damages	way connected with my child's	reby release the City of Surprise from all s participation in the City of Surprise negligent or wrongful acts of omissions the
			×
Parent/Guardian Signature		Date	* * ***************