



"We Won't Tell You What To Think, We Simply Insist That You Do."

REGISTRATION FORM (For Our 28TH Session Since 1992)

Name: _____ Age: _____
(Please Print)

Address: _____

Phone: _____

School: _____ Grade: _____

Parent or Guardian: _____

Emergency Phone Number: _____

D O B: ____ / ____ / ____

Email Address: _____

I'm here because _____



2101 Shadyside Avenue
Suitland, Maryland 20746
(240) 455-4208
www.galilee-cdc.org

Dr. Demetri C. Kornegay,
MUC Program Manager
Mildred Louise Lyles,
GCDC Executive Director