

8th Annual Holiday Luncheon – Registration Application

Please fax, email or hand deliver this application to
your assigned ILP / Transition Coordinator by Friday December 15, 2018

Part I: TO BE COMPLETED BY YOUTH

Last Name	First Name	Birth Date	Ethnicity:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address: _____		
	Number	Street	Apt # City State Zip Code
Home #	Cell #	Email:	
ILP Coordinator's Name		ILP Coordinator's Telephone #	

By signing and submitting this application, I agree to attend the Independent Living Program **8th Annual Holiday Luncheon** on **Thursday, December 20, 2018**. Please arrive at **12:30 p.m.** to register; the event will be held at First AME Church (FAME) of Los Angeles, the Allen House, 2270 South Harvard Boulevard, Los Angeles, CA 90018.

Student Signature: _____ Date: _____

Part II: TO BE COMPLETED BY THE INDEPENDENT LIVING PROGRAM / TRANSITION COORDINATOR.

State ID _____

Youth ILP eligible _____

ILP Coordinator's Name _____ Signature _____ Date _____

Transporter's Name _____ Telephone (cell) number _____