

BOLD BEAUTIFUL BRILLIANT  
GIRLS YOUTH EMPOWERMENT GROUP  
REGISTRATION FORM  
[www.BBBYEG.ORG](http://www.BBBYEG.ORG)



Date: \_\_\_\_\_

Parent/Guardian's Name : \_\_\_\_\_ Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

School Grade: \_\_\_\_\_ School Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have Questions? Please email for Additional Assistance [Admin@BBBYEG.org](mailto:Admin@BBBYEG.org)