Bright Lights Crossing Borders Assistance P O Box 14393 Fort Lauderdale, FL 33302 Phone: (954) 951-2002

Referred By _____

Student Signature



Email: brightlightscrossingborders@gmail.com Website: www.brightlightscrossingborders.org

Contact Information_____

Fax: (954) 797-0263



January 13, 2024 – 11:00 am – 3:00 pm Delevoe Park Meeting Room 2520 NW 6th Street Fort Lauderdale, FL 33311

Registration Form

DRESS CODE IS BUSINESS CASUAL Must be between the ages of 13-17 (no exceptions) to attend. Please print and complete the entire form below and return it to the email address or fax number indicated above no later than December 10, 2023. The ticket provided will be required to be admitted into the Expo.							
Last Name				First Name	First Name		
Full Address:							
Phone: #:		Email: _					
Select Age Group:13-14		15-17	Gender	Ra	ace	HispanicYes No	
	We will be	e distributing	clothing item	s please comple	te the sections below	r:	
Adult Clothing (Male)	Socks		Pants	Shirts	Underwear	Shoes	
Adult Clothing (Female	Socks		Pants		Underwear		
Teen/Junior (Male)	Socks		Pants	Shirts	Underwear	Shoes	
Teen/Junior (Female)	Socks		Pants		Underwear		
Parent or guardi	an must sign	the registrati	<mark>on form autho</mark>	orizing the stude	nt's attendance/part	icipation at the Expo.	
Student Printed Name			Date	Pa	rent Printed Name	Date	

Date

Parent Signature

Date