



SANCTUARY INCORPORATED OF GUAM

406 Maimai Road Chalan Pago, GU 96910
sanctuaryguam.com • inquiries@sanctuaryguam.com
TEL: (671) 475-7101 • FAX: (671) 477-3117

TOO COOL TO DO DRUGS VIRTUAL YOUTH CONFERENCE 2020 9:00 AM – 5:00 PM

REGISTRATION FORM

Parent/Legal Guardian: _____

Company/Agency: _____

Parent E-mail: _____

Phone : _____ Cell: _____

Participant Name: _____

Gender: _____ Age: _____ Grade: _____

Ethnicity: _____

Village: _____

School: _____

How did you hear about this conference?

- Online Social Media
- Family/Friend
- Flyer
- Sanctuary Employee
- Other: _____

24 HOUR CRISIS HOTLINE: (671) 475-7100





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Please submit completed form via email to **Cheyenne Songsong, Case Manager**, at csongsong04@gmail.com . After registration form is completed, a ticket of attendance will be sent to email listed above.

By checking this box, I agree to the following:

- ✓ That any electronic signature and initials used on this form will serve as the electronic representation of my signature and initials for all purposes used on this document, just the same as an original hand-printed signature with pen on paper.
- ✓ That by checking this box, I acknowledge that this will constitute a legal binding agreement to abide by the terms and conditions of Sanctuary, Incorporated of Guam.
- ✓ I further acknowledge that I am responsible to review this agreement with my child(ren).
- ✓ I understand that I can be terminated for the listed violations, and I have received a copy for my record.

Print Full Name	Signature	Date
Sanctuary, Inc. Representative	Signature	Date

****YOUTH UNDER 18****

For youth attendees under 18, your parent or legal guardian must complete page (3) of registration form.

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****YOUTH UNDER 18****

For youth attendees under 18, your parent or legal guardian must complete the following below:

I understand that because my child is 18, he or she might need to be accompanied by an adult at the discretion of the Event Coordinator and Sanctuary, Inc. will contact me via email prior to event.

- If accompanying adult will not be the parent or legal guardian, please complete the following:

I authorize _____ to supervise my child in his or her
Print Name

attendance during Too Cool to Do Drugs Virtual Youth Conference 2020.

Relationship to child: _____

_____ Parent/Legal Guardian (Print)	_____ Signature	_____ Date
_____ Sanctuary, Inc. Representative	_____ Signature	_____ Date

**THANK YOU FOR REGISTERING AND FOR BEING
TOO COOL TO DO DRUGS!**

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