
Participant Registration Form
Gangfree Life® Academy

309 W Opp Street
Los Angeles, CA 90744
888-293-9323

Your Details: (please note that your name and agency may appear in our resource guide. All Fields are required. Please PRINT Clearly)

Name: _____

Organization Name: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Website Address: _____

Phone: _____ Fax: _____

Email: (required) _____

By signing below, we are committing to everything marked on this page and understand we are responsible for payment once this form is received. This commitment form cannot be registered without full payment. Final deadline for all payments is January 12, 2015.

Signature: _____ Date: _____

Registration Type:

Regular Registration (On or Before April 12, 2016)

- _____ Registration @ \$399 each = \$ _____ total
- _____ (3 or more participants) Registration @ \$349.00 each = \$ _____ total

Late Registration (After April 12, 2016)

- Registration @ \$499 each
- _____ (3 or more participants) Registration @ \$449.00 each = \$ _____ total
- I have a Coupon Code _____ Its value is _____

Payment:

- Please charge my credit card (VISA, MC or AMEX only) in the amount of \$ _____

Name on Card: _____ Signature: _____

Card #: _____ Exp. Date: _____ ID #: _____
(Note: the ID# is the last 3 digits on the back of the card for VISA/MC; four small digits on front left for AMEX)

- Check # _____ enclosed in the amount of \$ _____
(Note: Make checks payable to "GAP")

My Gangfree Life® Academy

Mail form and payment to:

Attn: Lee Harmon
Gang Alternatives Program ♦ 2555 Industry Way, Suite B ♦ Lynwood, CA 90262
(310) 519-7233 ♦ (323) 567-5610 fax ♦ leeharmon@gangfree.org