



The Neutral Zone
Ann Arbor's Teen Center

Office Only: Date Rec'd: _____ Excel: _____ Database: _____ Email: _____
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Teen Registration 2006-07

Name: _____

School: _____ Year of Graduation: _____

Date of Birth: _____ Gender: _____ Race/Ethnicity: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____

E-mail: _____ Address: _____

City: _____ Zip Code: _____

Emergency Contact:

Parent/Guardian Name: _____ Parent Cell Phone #1: (____) _____

Parent Work Phone #2: (____) _____ Parent E-mail: _____

Are you registering for:

_____ **Drop In Program (No fee)**

_____ **Program Registration** (there is a single annual program fee of \$100 to participate in all weekly programs unless otherwise noted, checks may be written to Neutral Zone, or paid online, neutral-zone.org. Full and partial scholarships based on need are available.)

Please check the programs that you will participate in this year:

Music: ___ *Youth Owned Records* ___ *YOR Event Promotions*, ___ *Audio Basics Engineering*
___ *DJ Turntables*, ___ *Beatmaking*

Education: ___ *Mentoring*, ___ *Drop In Tutoring (No fee)*, ___ *College Prep (No fee)*

Leadership: ___ *Teen Advisory Council*, ___ *Building Bridges*, ___ *Riot Youth*,
___ *Young Men United*, ___ *PYT*, ___ *North Star*

Literary Arts: ___ *Volume*, ___ *Short Story Writing*

Digital Arts: ___ *Open Studio (No fee)*, ___ *Digital Arts*

Is there any information that you feel we should know about you? (Allergies, medical needs) _____
