

School Registration Form
 City of Little Rock Racial and Cultural Diversity Commission
 in partnership with
 The Arkansas State Department of Education

"KEEPING IT REAL"

SCHOOL: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

SPONSOR IN CHARGE OF GROUP: _____

Please type or print the names of each student attending below. Return by mail or fax:

Racial and Cultural Diversity Commission
 500 W Markham, Ste. 220W
 Little Rock, AR 72201
 Phone: 501-244-5483
 Fax: 501-244-5467

.Registration Fee: \$10.00 per person, includes t-shirt and lunch
All Registration Forms and Fees must be received by Friday, November 16, 2007.
We look forward to seeing you at "Keepin it Real."

	PRINT STUDENT NAME	T-SIZE		PRINT STUDENT NAME	T-SIZE
1			14		
2			15		
3			16		
4			17		
5			18		
6			19		
7			20		
8			21		
9			22		
10			23		
11			24		
12			25		
13			26		

NO REFUNDS AVAILABLE. PAYMENT PER STUDENT \$10.00 X _____ = _____