



Girls Incorporated of Durham



GIRLZONE

Girls 13+ years
6:30pm—8:30pm
Every Wednesday evening
at Girls Inc.
1—398 Bayly Street West, Ajax

A place where your opinion counts, where you can ask questions, explore and have lots of FUN!

SEPTEMBER 14– OCTOBER 5 (MENTORING)

- HEALTHY EATING HEALTHY LIVING
Celebrate turn off the TV week!!

OCTOBER 12—NOVEMBER 2

- LEADERSHIP AND COMMUNITY ACTION PROJECTS:
POVERTY
Celebrate Eradication of Poverty

NOVEMBER 9—NOVEMBER 30 (MENTORING)

- SELF DEFENSE AND SANTA CLAUSE PARADE
Celebrating day to end Violence Against Women

DECEMBER 7—DECEMBER 22

- LEADERSHIP AND COMMUNITY ACTION PROJECTS:
VIOLENCE AGAINST WOMEN
Celebrating remembrance and ACTION on VAW

Each week will incorporate one of the many components of the Girls Inc. signature programs where youth will develop leadership skills, participate in activities that will build their self-confidence and team building skills, all while becoming strong leaders in our community.

Teens will have the opportunity to act as peer-mentors to the younger girls and earn volunteer community service hours.

*** Registration is required for each 4 week session**

For more information about our programs and Girls Incorporated of Durham, please contact the office at:
Girls Incorporated of Durham
1- 398 Bayly Street West
Ajax, ON L1S 1P1
Tel: 905 428-8111 ext. 23 Fax: 905 428-9992

Members FREE*

Non-members: \$30
for 4 week session

Snacks will be provided.

GIRLZONE

PROGRAM REGISTRATION FORM

Participant Information

Child's Last Name: _____ Child's First Name: _____

Birth Date: M _____ D _____ Y _____ Age: _____ School/ Grade: _____

Health Card #: _____

Please indicate any medical information that you would like us to be aware of. i.e. food allergies, medications, etc. _____

Main Contact

Last Name: _____ First Name: _____

Relationship to Child: _____

Address: _____

City: _____ Postal Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Alternate/Emergency Contact Name: _____

Phone Number: _____ Alternate Phone Number: _____

I have provided Girls Incorporated of Durham with all necessary medical information and can be reached at the numbers listed. I acknowledge and accept the risk for any accidents or injuries arising by reason of participation in the program by myself or the person who is shown as the "participant".

Parent/Guardian Signature: _____ Date: _____

Media Release

There may be occasions where pictures of your daughter will be taken. These photos will be used for newsletter, videos, brochures, annual reports, radio, television newspapers and our home website.

I give my permission for my daughter to appear in any Girls Incorporated of Durham publications.

I do not give permission for my daughter and or myself to appear in any Girls Incorporated of Durham publications.

Parent/Guardian Signature: _____ Date: _____

Names of Programs

GIRLSPACE

Beacon Street Girls Book Club

P.A. Day Camp

March Break Camp

GIRLZONE

Girls Inc. Mind + Body

Girls Inc. Information Session

Cost: _____

Location: _____

Date: _____

Member: _____ Non-Member: _____

Paid: Cash Cheque Credit

Card Type: _____

CreditCard#

Exp: _____

Name on Card:

How did you hear about this program?

OFFICE USE ONLY

No Charge (Member)

Receipt #: _____