



## ENCOUNTER REGISTRATION

Student Name: \_\_\_\_\_

Gender: \_\_\_M\_\_\_F

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Student's Cell: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Parents /Guardian Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Program cost: \$750 for five weeks.**

**Make checks payable to Patricia Henley Foundation**

Some financial aid is available. Contact PHF if you would like a financial aid application.

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