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MENTEE REGISTRATION FORM

Participant's Name:

_____/_____
First Middle Last Nick Name / AKA

Home Address:

Street Address

City State Zip

Home Phone: () _____ Cell Phone () _____

E-mail address(s): _____

Date of Birth: _____ Age: _____ Gender: _____

School: _____ Grade: _____ T-shirt size: _____

Interest/Hobbies _____

Church _____

Known allergies: _____

Other Information: _____

Parent/Guardian's Name(s):

First

Middle

Last

First

Middle

Last

Home Address:

Street Address

City

State

Zip

Home Phone () _____ Cell Phone () _____

E-mail address(s) _____

Emergency Contact:

Name (Print) _____ Phone Number _____

Relationship to the youth _____

PARENT / LEGAL GUARDIAN CONSENT

I am the parent or legal guardian of the above child. I hereby consent to the above child participating in the 100 Black Men of Greater Cleveland, Inc. Mentoring Program. I hereby give my permission for my child's image to appear in program photographs, videos, flyers, brochures or other 100 BMOGC, Inc. promotional material.

Date

Signature – Parent/Legal Guardian