HELPING COMMUNITIES HAVE DIFFICULT CONVERSATIONS

COMMUNITY EVENT REGISTRATION

We're glad you're joining us.
This evening is designed to give families and community members an opportunity to learn, ask questions and discover local resources.
One conversation can change everything.

ATTENDEE INFORMATION

Name: _____
Email: _____
Phone: _____
Number attending: _____

WHO IS ATTENDING?

☐ Parent/Caregiver
☐ Youth/Young Adult
☐ Community Professional
☐ Other: _____
☐ Grandparent
☐ Educator/School Staff
☐ Community Member

ACCESSIBILITY & PARTICIPATION

Do you require any accommodations to participate?
☐ No ☐ Yes — please tell us what would help:

CHILDREN/YOUTH

Will children or youth be attending with you?
☐ No ☐ Yes
Number: _____
Age range: _____

COMMUNICATION

☐ I would like to receive event updates.
☐ I would like information about future community events/resources.

Privacy: Information collected through registration will be used only for event planning, communication and the purposes explained above. Please collect only the information your organization genuinely needs and handle registration information securely.