## Project Hawai'i, Inc. Teen Mentoring Summer Program

**Pre-Registration Application Form 2017** 

Participants Name:			]	DOB:
Participants Cell: Residential Address: City, STZI	Parents	s Cell:	/	
Mailing Address if Different:	· '			
Grade:School:		GPA: _	AGE:	Gender:
Participants Email Address: Parents Email:		/		
Food Allergies/Special Diet Requi			, (severe allergie	es/needs need to be approved
T-S	hirt Size:Sı	mall,Med,	Large	
22-Day Once in a Lifetime E  Dates: July 5th - July 26th \$7.  Mini Tour Session 2017  14-Day Ultimate Cultural an  Dates: July 5th - July 19th \$5.9	. <b>2500.00</b> d Edu-Camp Teer			
Please accept my pre-registration a my full application packet.  I am enclosing the following docum\$180.00 Registration Fee (n\$500.00 Deposit to secure sDiscount / Scholarship award	pplication and depents with this appointed appointed by the control of the contro	olication:	ny space while I	am working on completing
2 photos (wallets or passportYour personal essay WHY yo *If you are requesting to have your	u have chosen to a TUITION payme	ent and DEPOSI	T become <b>tax c</b>	<b>leductible</b> , please make
checks payable to Project Hawai'i	<b>, mc.,</b> otnerwise i	nave cnecks paya	adie to Guitural	msutute of America.

PLEASE NOTE: Tax deductible donations of any kind are NOT refundable or any reason. Please refer to the emergency cancelation refund policy on the full application contract.

## Mail To: Project Hawai'i Summer Camp Enrollment Dept.

Attn: Magin Patrick

84-575 Kili Dr. Unit A #101 \* Wai'anae, HI 96792

(808) 987-6018