

A Week Of Summer Fun for Pearls (Ages 11-13) and Diamonds (Ages 14-17)

DeShawn Snow Foundation's

empowerment camp!

FOR GIRLS

JULY 20 - JULY 24, 2009

Joseph B. Whitehead Boys & Girls Club
1900 Lakewood Ave. SE, Atlanta GA

FREE!
to the
first 200
girls!

**Monday thru Friday
8am to 4pm**

**JOIN THE CHALLENGE
AND EXCITEMENT
OF THIS FREE
DAY CAMP**

**PLUS! Night Under
the Stars**



Saturday, July 25, 11am-1pm

3rd Annual Talent Showcase

PRE-SHOW HAIR & MAKEUP!

Pink Carpet Entrance! Celebrity Host!

**5 UNIQUE DAILY
WORKSHOPS**

Camp T-Shirts Just \$10! (mandatory)

www.deshawnsnowfoundation.org

MAIL OR FAX
IN COMPLETED
PRE-REGISTRATION
FORM



2009 Camp Pre-Registration

PLEASE PRINT:

Camper's Name _____

Age _____ DOB _____

Home Address _____

Apt. #: _____ City _____ Zip _____

School _____ Grade 09/10 _____

Camper Email _____

Father's Name _____

Father's Email _____

Mother's Name _____

Mother's Email _____

Shirts are available for \$10.00. Include payment with registration or visit www.deshawnsnowfoundation.org to order.

T-Shirt Size: _____XL _____L _____M _____S _____Youth L

IN CASE OF EMERGENCY:

Name: _____

Relationship to Camper: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

PARENT/GUARDIAN AUTHORIZATION:

As the parent/guardian of the camper, I authorize _____ (camper's name) to attend and participate in all DSF camp activities and discussions. I give permission to the Camp Director and any other designated Camp Staff to administer first aid and in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscientious effort will be made to locate my spouse or me before action is taken. I understand and accept that this expense will be my responsibility. I understand that it is my responsibility to carry primary accident insurance. I give my permission for my child to participate in camp activities and transportation to and from campsite. I give my permission that any photos or videos taken of my child may be used for marketing/promotional purposes only.

_____/_____/2009
(Print Parent/Legal Guardian) (Date)

X _____
(Signature Parent/Legal Guardian)

Home Address _____

Apt. #: _____ City _____ Zip _____

Employer: _____

Work phone: _____

Mail or fax your completed registration to:

DeShawn Snow Foundation

5665 Atlanta Highway, Suite 103-370, Alpharetta, GA 30004
Fax: 888-830-1045

Confirmations will be sent via email.

REGISTRATION WILL NOT BE ACCEPTED AT THE DOOR

Sponsored by the DeShawn Snow Foundation, Inc.

camp@deshawnsnowfoundation.org

empowerment camp!

FOR GIRLS

PRE-REGISTER NOW
BY MAIL OR FAX

REGISTER
IN PERSON
JULY 18, 9-3PM
J.B. Whitehead
B&GClub

A unique opportunity!

Girls face many peculiar challenges and numerous decisions on a daily basis. This camp is designed to build self-esteem in girls ages 11-17 and to impact and influence the decisions that they make. Our founder, DeShawn Snow, believes that girls can be empowered and challenged to make a difference in their own lives if they are afforded the opportunity to do so. We have gathered professionals from various fields that are committed to making a difference and will provide quality instruction to build self-esteem and self-confidence in a fun and exciting environment. Girls who want to take advantage of this unique opportunity to soar should attend this camp!

SUMMER ROCKS!

COOL WORKSHOPS!

I Can Express Myself Theater exercises

I Can Trust Myself Making right choices

I Can Be Myself Creating your image

I Can Strengthen Myself Health & Fitness

I Can Establish Myself Starting a business



Get More Details Online:

www.deshawnsnowfoundation.org