



Concerned Black Men Inc.,

7200 North 21st St, Philadelphia, PA 19138
Office (215) 276 - 2260
chess@cbmphila.org
www.cbmphila.org

Chess Program Registration Form

The Chess Team meets on Tuesdays and Thursdays from 5:00 to 7:00 PM. Boys and girls learn to play chess. Advanced players learn new strategies.

I/We the parent/guardian hereby give permission for my/our child to participate in Concerned BlackMen Inc., Chess Program.

Child's Name

First Name Last Name

Child's Street Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Home Number

Area Phone Number
Code

Mobile Number

Area Phone Number
Code

Date of Birth

Month Day Year

Work Number

Area Phone Number
Code

Age

Sex

Male

Female

School Name

Grade

I/We understand that my son/daughter must be responsive to CBM's appointed Mentors and chaperones, and must obey all rules and regulations as required.

I/We understand that CBM reserves the right to make any adjustments to the Chess Program, as it deems necessary.

Parent/Guardian Name:

Parent/Guardian Address:

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Home Number

Area Code Phone Number

Work Number

Area Code Phone Number

E-mail

Parent/Guardian Signature (Use mouse or touchscreen to sign)

Signature Date

Month Day Year