



Raw Voices: Teens in the Media Arts Festival '09
GROUP REGISTRATION FORM:
Deadline is Friday, April 17, 2009

Group Name: _____

Organization or School: _____

Number of youth attendees (age 17 and under): _____ **Number of adult attendees:** _____

Name of Contact: _____

Address: _____

Phone: _____ Email: _____

1. Name of Attendee: _____
2. Name of Attendee: _____
3. Name of Attendee: _____
4. Name of Attendee: _____
5. Name of Attendee: _____
6. Name of Attendee: _____
7. Name of Attendee: _____
8. Name of Attendee: _____
9. Name of Attendee: _____
10. Name of Attendee: _____
11. Name of Attendee: _____
12. Name of Attendee: _____
13. Name of Attendee: _____
14. Name of Attendee: _____
15. Name of Attendee: _____
16. Name of Attendee: _____
17. Name of Attendee: _____
18. Name of Attendee: _____
19. Name of Attendee: _____
20. Name of Attendee: _____

Send this registration form to:

Raw Voices Teen Media Festival
Columbia College Chicago
ATTN: Paul Teruel
600 S. Michigan Ave.
Chicago, IL 60605

Questions?

Check the Raw Voices website at
www.colum.edu/ccap or contact
us at 312.369.8873
or cpocap@colum.edu