



PARTNERSHIP RESERVATION FORM

Please fill out this form to receive more information about the EDLP program, or to reserve a date.
 Fax this form to **(202) 544 7256**, or mail it to **110 Maryland Avenue NE Suite 402, Washington DC 20002**.

Date: ____ / ____ / ____

(Ms./Mrs./Mr.) _____
 Name Title

Organization's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone #: _____ Fax #: _____

Mobile phone #: _____ Email: _____

Please circle the program(s) in which you are planning to participate:

MIDDLE/HIGH SCHOOL Program	PARENT CAPACITY BUILDING Training	COLLEGE Leadership Training	ADULT Program
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EXPERIENCE PROGRAM (7 days) **POWER PROGRAM** (6 days) **ONSITE TRAINING** (1-2 day)

Indicate the number of participants: _____ chaperones: _____

Dates you are planning to participate: _____

Congressional Representative: _____ District number: _____

Local airport preference (indicate city or airport code)*: _____

Would you like BCLI to make travel arrangements for you group? Yes ____ No ____
 (We can only make reservations for groups of 10+ participants)

CONTACT PERSON IN CHARGE OF THIS GROUP: _____

* This is the airport you would like your students to depart from in their home state.