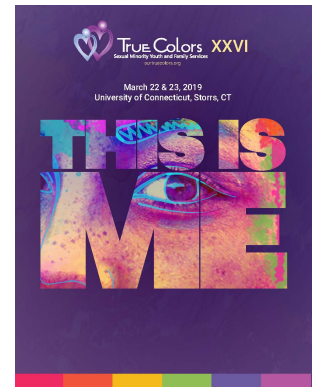


DCF True Colors Conference Registration Form

Friday, March 22 and Saturday, March 23, 2019

Please fill out completely



Email to SHIRLEY.AMOS-COOPER@CT.GOV or Fax to 860-723-7201

This registration is for (check all that apply):

DUE by March 8, 2019

DCF Staff A youth A foster parent or provider

DCF Staff Information:

Name: _____ DCF Office: _____

Address: _____ Phone number: _____

Email address: _____

I will attend: Friday Only Saturday Only Both days

Youth's Information (if applicable):

Name: _____ *DCF Worker Name: _____

*DCF Address: _____ *DCF Phone number: _____

Youth Email address or contact info: (if available): _____

Will attend: Friday Only Saturday Only Both days

This youth is in the True Colors mentoring program: yes no

Foster Parent or Provider Information (if applicable):

Name: _____ DCF Office: _____

Address: _____ Phone number: _____

Email address: _____

* Include if different from information provided above

Will attend: Friday Only Saturday Only Both days