



**Program B.  .U.N.C.E.**  
**Believing in Ourselves and Understanding Nothing Comes Easy**



Dear Participant:

*Delta Sigma Theta Sorority, Incorporated*, is a non-profit organization whose purpose is to provide services and programs to promote sisterhood, scholarship, and public service programs. The national organization was founded in 1913 and has over 200,000 members and 900 chapters around the world.

*The Harford County Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated*, would like you to join us for an action-packed day of basketball and fun! B.O.U.N.C.E, or **B**elieving in **O**urselves and **U**nderstanding **N**othing **C**omes **E**asy, will help you improve your basketball skills, while learning lessons to gear you toward success. You will be challenged to give your all--on and off the court. In addition to the basketball drills and individual contests, development sessions will be held in the areas of *Attitude and Self Image, Goal Setting, and Conflict Resolution*.

Program B.O.U.N.C.E., geared toward girls in the **6th through the 8th grades**, will be held on **Saturday, May 1, 2010**, at the **Edgewood Boys and Girls Club**. There is a **registration fee of \$5.00** per participant. The program will run from 8:00 a.m. to 1:00 p.m. Continental breakfast and lunch will be provided.

Complete the form below and mail it, along with your **\$5.00 registration fee** to, **OR bring to on-site registration**:

Delta Sigma Theta Sorority Inc.  
 Program B.O.U.N.C.E.  
 P.O. Box 315  
 Aberdeen, MD 21001

We look forward to seeing you on May 1, 2010! Please call Regina at (410) 569-3238 if you have questions. Visit [www.dst-harfordcountyalumnae.org](http://www.dst-harfordcountyalumnae.org) for additional information.

***Sponsored by the Harford County Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated***

**PLEASE PRINT**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Name of Medical Insurance Co. \_\_\_\_\_

*\*\*Please make checks payable to HCAC Delta Sigma Theta Sorority, Inc.*

**Informed Consent and Release**

I recognize that Program B.O.U.N.C.E. involves physical exercise and poses some physical risks. I hereby certify that there are no known medical problems with the above participant that would increase their risk of illness or injury by participating in the Program B.O.U.N.C.E. Therefore, I release *Delta Sigma Theta Sorority, Inc.*, from all liability and I ensure that the participant has health insurance. I accept the conditions stated herein as a requirement to participate in the program.

Parent/Guardian Signature \_\_\_\_\_