



CORE CONNECTOR INITIATIVE

Full Name: _____

Birthdate: _____

Student's Email: _____

Address: _____

City: _____

Postal Code: _____

School Name: _____

Parent/Guardian Full Name: _____

Parent/Guardian Email: _____

Parent/Guardian Signature: _____

In less than 200 words, please explain why you would like to participate in the Adam's Apples Core Connector Initiative Program:

- I understand that I am responsible for my own transportation to and from the venue
- I require a transit pass

Please submit this form to karly@adamsapples.ca