



Hugs for Ghana

Bringing smiles to the faces of children through a gift

www.hugsforghana.org | information@hugsforghana.org | 425.737.2791

Chapter Registration Form

If you are interested having a Hugs for Ghana chapter, fill this application and return it to information@hugsforghana.org at your earliest convenience.

Start a Hugs for Ghana Chapter

General Chapter Information

Name of your Hugs for Ghana Chapter: _____
Name(s) of those that are prospective project organizers. _____

Check that which applies:

- Middle School High School
 College Other _____

Number of chapter members: _____

Name of chapter leader(s): _____

Email of student chapter leader(s): _____

Phone Number of chapter leader(s): _____

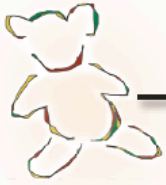
Mailing Address of chapter leader(s): _____

Other chapter information:

Chapter Advisor Information

Name of your Hugs for Ghana Advisor: _____

- Title: Teacher Parent
 Counselor Other: _____



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Phone Number of Advisor: (Home) _____

(Cell/Office) _____

Email of Advisor: _____

Signature of main student chapter leader:

Date:

Signature advisor:

Date:

Thank you for completing the Hugs for Ghana chapter registration. Please email the completed form to information@hugsforghana.org or mail to 15932 60th AVE SE Snohomish, WA 98296.

Please direct any questions or comments to information@hugsforghana.org. We'll get back to you with the next steps. Good luck!