



Boys to Men Mentoring Network Of Greater Washington, Inc.

Geoff Reed Center Director
BTM-GW P.O. Box 9722
Washington DC 20016-9722
(c) 240-675-6199 (h) 304-258-1341

Email: contact@boystomengw.org

WELCOME

About Us

The Boys-To-Men GW Mentoring Network offers a program for teenage boys that is designed to help them develop into men with commitment, integrity, and accountability.

If you decide to register a boy for the Boys-To-Men program, we will interview you and the young man before a final decision is made. During that interview, we encourage you to ask any questions that you have about the program and us. The boys selected will attend the BTM **Rite Of Passage Adventure Weekend (ROPAW)**. The weekend is designed to challenge boys physically and emotionally and they will be encouraged to look at and share feelings that they may have never acknowledged before. During the weekend, your young man will become known as a Journeyman, and afterwards, he and the other Journeymen from his weekend will form a J-Group that will meet every other week. The date, time, and place for the J-Group meetings will be determined after the weekend. He will also meet his mentors who will be there to listen, accept, and admire him for who he is, during and after the weekend.

The ROPAW begins **Friday afternoon, October 3rd**, and runs through early Sunday afternoon, October 5th, **2008**, Gaia Healing Center, located at 8002 B Dolly Hyde Road, Mount Airy, Maryland. You will be asked to meet us at a central rendezvous point. We will provide transportation from there to the camp for the weekend. The boys' mentors will drive them home on Sunday afternoon.

The tuition is \$450 US. You can make a request for a payment schedule that fits your budget. A limited number of partial scholarships may be available and are granted on a case-by-case basis.

Contact **Geoff Reed**, Centre Director, BTMGW at 240-675-6199 GeeeReed@juno.com

Please complete and return the 3 following forms:

1. **Application form**
2. **Agreements form**
3. **Medical form**

And return to the Registrar at the address below, or, give it to the BTMGW staff member

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1. INITIATE APPLICATION FORM

NOTE: This page is to be filled out by the initiate only as it is intended to be a private document that starts the weekend. It is to be mailed separately from the other forms to

BTMGW
P.O. Box 9722
Washington DC, 20016

YOUR NAME: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Home phone: _____ Email Address: _____

Date of Birth: _____

Current School: _____ Grade: _____

How did you hear about this program? _____

What do you hope to get from the BTM experience? _____

If you need more space continue on the back of this page.

2. APPLICATION FORM

Parent(s) or Guardian(s)

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____

/Zip Code: _____

Home phone: _____

Email address: _____

Relationship to boy: _____

How did you hear about the program? _____

Is there any information about your boy that you feel we should know? _____

Read the page titled **WHAT TO BRING** and review it with your boy, sign and date it and send it in with this application.

3. AGREEMENTS

I understand that _____ will spend this weekend in the company of 12 to 20 young men like himself and 30 or more experienced adult trainers.

I hereby give my permission for _____ to participate in The Boys-To- Men Rite of Passage Adventure Weekend.

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____

Financials - Tuition is \$450.00

A non-refundable deposit of \$150.00 is required to register with the balance due on Friday September 26, 2008.

Please check off the appropriate options below.

Method of payment: Check _____ Cash _____

Full tuition (\$450.00) _____ Deposit (\$150.00) _____

Please detail below the payment schedule that will work for you if you require one:

The information we ask you to provide is for medical emergencies only. We will keep this information confidential. However, if your son becomes ill or injured during any Boys-To-Men event, we will share this information with emergency medical personnel

General Information

Participant's Name: _____

Parent's Name: _____

Daytime Phone:
Evening Phone:
Cell Phone:

Emergency Contact: _____

Relationship to you: _____

Daytime Phone:
Evening Phone:
Cell Phone:

Physician: _____

Do you have health insurance? Yes ___ No ___

Insurance Company: _____

Policy #: _____ Phone: _____

In the event of a medical emergency, how would you like us to proceed?

Medical/Psychological History

Does your son have or had any medical/psychological condition that you would want us to inform emergency medical personnel about? _____ Y/N If yes, please list below.

Condition	How long ago or at what age	Treatment Received	Other Relevant Information

Medications

Is your son taking any prescription medications? _____ Y/N If yes, please list below.

Medication	How much/how often	For	Current Side Effects

Will your son take prescription medications on the weekend? _____ Y/N If yes, please complete page 7 and see **NOTE: Parent/guardian.**

Medical or Other Allergies

Does your son have allergies? _____ Y/N If yes, please list below.

Allergy	Reaction

Signature Required

The information provided above is complete and accurate. I agree to notify Boys-To-Men GW should there be any changes in the information that I have provided here. I authorize Boys-To-Men GW to release this information to medical personnel in an emergency

Signature

Date

Parents' Instructions for Boys-To-Men on Administering Medications to Their Son

Participant's Name: _____

Medication	How much and when	Additional Information/Instructions

Please attach additional information as necessary.

NOTE: Parent/guardian. To assist us in following your directions please make an extra copy of this page and include it with the prescription meds in a clearly marked zip locked bag. We will accept this bag from you when you drop off your boy at our transportation van on Friday October 5th.

Parent's Name: _____

Parent's Signature: _____

Date: _____

WHAT TO BRING

It is the responsibility of each young man and his family to adhere to the instructions given in this notice.

Participants are expected to:

1. Commit to remaining for the duration of the adventure.
2. Participate in all processes.
3. Hold confidential all processes and their contents.

What you need to bring:

1. Toiletries
2. An old pair of running shoes
3. A sleeping bag and a pillow
4. A "sacred object" that represents you.
5. A meal prepared by you that is large enough to feed six boys.
6. Bathing suit and a towel
7. **Prescription medicines in a clearly marked bag zip lock bag, with a schedule for administering meds,** and a health insurance card if available

And, some things that you may not bring:

1. Weapons of any type
2. Drugs (other than prescribed medications) of any form **including nicotine and caffeine**
3. Electronic devices of any type
4. Watches, clocks, and jewellery

Initiate signature _____ Date: _____

Parent/guardian signature _____ Date: _____