

Self-protection and Empowerment Training

(Class offered in English)



Thank you for your interest in the Self-protection and Empowerment Training (SET) taught by the Rape Assistance and Awareness Program. We ask that students register by pre-paying a minimum of 50% of the class fee. This will reserve your space. Please return your payment with this form. Any special payment plans must be worked out with the Prevention Education Coordinator in advance. *Refunds are given only if the class is cancelled.* If you are unable to attend the class, we will credit your deposit

toward another class. Please contact us at 303.329.9922 or prevention@raap.org if you have any questions.

We ask that you arrive on time, bring along a water bottle, and wear tennis shoes and comfortable clothing. For 9-4pm classes, there will be a lunch break between 12-1pm; for other classes you are welcome to bring snacks. We look forward to working with you in one of our classes!

REGISTRATION FORM



Name: _____ Day Phone: _____

Address: _____
(Street) (City) (Zip)

Age: 13-16 years (must enroll with an older female family member or mentor)
 17-54 years 55 years+

COURSE IN FEBRUARY

Tivoli at Auraria Campus – Room 320_C- Baerresen Ballroom – Denver
Saturday Feb 25th 10:00-5:00
Fee: \$60 per person or FREE to the first 5 CCD or CU Denver Students/Staff
Description: 6 hour class for women

PAYMENT:

Enclosed is \$ _____ to reserve my space (50% of class fee minimum required).

Would you like to give another women or girl the opportunity to take a SET class by donating to our Self-protection and Empowerment Training scholarship fund?

Yes, please add \$ _____ to my total.

Please charge \$ _____ to my VISA or MasterCard

Name as it appears on credit card: _____

Number: _____

Exp. Date: _____ Signature: _____

TELL US ABOUT YOURSELF:

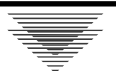
Have you taken a self-defense class before? Yes No

Do you have any martial arts background? Yes No

What do you hope to learn from this class? _____

Do you have any health or medical considerations, special needs, or physical injuries that may affect your ability to fully participate? (Will not disqualify you from being able to enroll) _____

This form is due with your deposit at least one week prior to the first class date:



Rape Assistance and Awareness Program
P.O. Box 18951 Denver, CO 80218-0951
Fax: 303-329-9964 – Email: prevention@raap.org

Participating in a self-protection class can bring up concerns and anxiety for many women. For this reason, we encourage all participants to enroll with a supportive friend or family member. We want to assure you that our classes are open to women of all different physical abilities, sizes and ages. We aim to create a safe and comfortable environment where you can learn about some options you have in defending yourself against an assault.

If you are a survivor of a recent sexual assault or other violence, we encourage you to discuss this class with a therapist prior to registering. We feel it is important for survivors to have the tools and support necessary to be able to safely participate.