

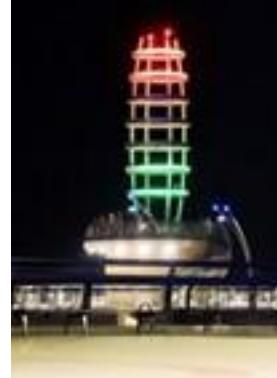
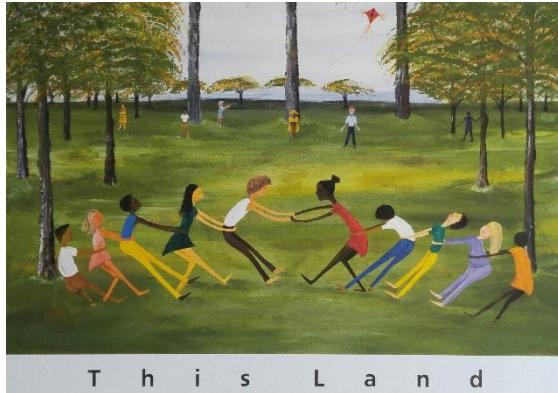


Halton Black History
Awareness Society

1303 Knights Bridge Court, Burlington, ON L7P 3K8
www.hbhas.ca



“Local Lens: “Intersectionality: My Unique Identity and Journey”



This form authorizes _____ to participate with the Halton Black History Awareness Society (HBHAS) in its 2026 Halton Black History Research and Narrative project. Please fill out the information below. All individuals under 16 years old must have their parent/guardian signature confirming their authorization to participate, and, for the HBHAS to use the student's narrative for publication and promotions. (Narrative & videos may be used within an annual Halton History Journal supported by Halton Museums and Libraries). 16+ students do not require parent's signature.

This contract acknowledges confidentiality of all student contact information.

Student Name: _____ Age: _____ Phone: _____

Type Name

Student's Signature _____ Student Email _____

Student Cell: _____ Grade: _____ School: _____

Parent/Guardian Name: _____ P/G Signature _____

Type Name

Parents/Guardian Cell/Phone: _____ Parents Email: _____

HBHAS Signature _____ HBHAS Date Signed _____

Please submit completed form to HBHAScontest@gmail.com

***The HBHAS thanks you for your participation and welcomes you to our future HBHAS programs and events.
Have a great year at school.***

Halton Black History Awareness Society (HBHAS)
"Creating awareness about black history"
Exceptional People Build Exceptional Communities