

THE DEBONAIR EXPERIENCE

**A YOUTH DEVELOPMENT AND EDUCATIONAL PROJECT
FOR
DISTINGUISHING YOUNG MEN**



Hosted by Beta Lambda Educational Institute

Kansas City, MO

June 8, 2025 – July 27, 2025

3:00 p.m. – 5:00 p.m.

● ● ● *PARTICIPATION APPLICATION* ● ● ●

THE DEBONAIR EXPERIENCE

2025 Application and Participation Guidelines

Pinnacle Event: July 27, 2025

(Fees may be paid in designated installments ending on June 29, 2025)

Hosted by BLEI
A 501(c)3 organization

Purpose

Beta Lambda Educational Institute, an educational foundation affiliated with Alpha Phi Alpha Fraternity Inc. Beta Lambda Chapter, is proud to present a youth development and educational initiative for young males in the greater Kansas City area.

Our mission is to provide a forum for young males ages 8 to 14 to develop foundational skills and talents needed to become community servant leaders. In this collaborative effort with parents and community partners, young males are guided toward becoming the scholars and leaders of our future.

Participant Eligibility Criteria

Students must meet the following criteria:

1. All participants must be young men. No young ladies are eligible.
2. Age Range: Young men ages 8 to 14 at registration for the event. Must be enrolled in 3rd through 9th grade in any of the greater Kansas City metropolitan area schools.
3. Participants must be able to attend the majority of all workshops and community service events to complete the project. Participants whose attendance falls below 80% may be disqualified.
4. Participants are required to pay a participation/activity fee totaling \$75.00. This fee may be paid in 4 installments. The application fee of \$25.00 is non-refundable. The activity fees of \$50.00 may be paid in four designated installments. After the program begins, all fees become non-refundable. _____ (Parent/Guardian initial here)
5. A rate is available for families with two or more males. Additional male's fees are reduced by 50% and 75% respectively.
6. All participants are required to participate in the Essay And Oratorical Contest.
7. All participants, parents, and guardians must conduct themselves with respect for other participants and the program coordinators at all times. More than three reprimands will result in disqualification from the program. Violence of any kind is cause for immediate disqualification from the project with no refunds. Actions associated with harassment, bullying, or gang activity is cause for immediate disqualification with no refunds. _____ (Parent/Guardian initial here)

8. At least one parent or guardian must attend each activity with the participant. Drop-off service and babysitting will not be provided. _____ (Parent/Guardian initial here)
9. The undersigned does hereby consent to the above named student participating in the Debonair Experience activities and covenants and agrees to his/her own behalf and on behalf of the student named above, release and hold harmless Beta Lambda Educational Institute, Alpha Phi Alpha Fraternity, Inc., Beta Lambda Chapter, and their respective officers, agents, servants, volunteers, organizations, or any other member for any amount due to any act of activity engaged in relating to or in compliance with the Debonair Experience. _____ (Parent/Guardian initial here)

The Debonair Experience Committee will review each application for the student's areas of achievement, demonstration of leadership ability, and community involvement.

How To Apply

1. Submit a completed application with accompanying fees and information in typed or legibly printed format, no later than June 7, 2025.
2. Include a non-refundable application fee of \$25.00 payable by electronic payment, cashiers check, debit card, or money order made payable to BLEI
3. Submit a completed parent or guardian participation certification form with the application no later than June 7, 2025.
4. Updates on all activities will be sent via email or text, whichever is preferred, so all parents/guardians must provide an active email address for this event. Questions should be posted to the event email: debonairexperience@kcalphas.com or call 816-808-8307

Key Initial Dates for Participants and Parents/Guardians:

June 1, 2025	Orientation
June 7, 2025	Deadline for Applications/Initial Deposit
June 7, 2025	Workshops begin
July 27, 2025	Pinnacle Event - Essay and Oratorical Presentations/Closing Ceremony

THE DEBONAIR EXPERIENCE

2025 Application and Parent Certification

Pinnacle: July 27, 2025

Application Deadline: June 7, 2025

Parent/Participation Orientation: June 1, 2025

(Must be typed or printed in black or blue ink only)

I. Participation Information

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Favorite Color: _____ Favorite School Subject: _____

Favorite Fun Activities: _____

Special Interests, Talents, of Abilities: _____

Accomplishments, Awards, and Community Achievements: _____

Shirt Size: (Circle One) Small Medium Large X-Large XX-Large Other

OR

Shirt Size: (Circle One) 5 6 7 8 9 10 11 12 13 14 15 16 Other

Any special food needs or restrictions: _____

Any special health needs or restrictions: _____

II. Custodial Parent(s)/Guardian Information

(Mother) Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

(Father) Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

If mother, father, or custodial parent is not sponsoring the child, please list the guardian(s) who are authorized to support the participant in this activity. Each guardian must also submit a signed certification/authorization form.

(Guardian) Last Name: _____ First Name: _____

Relationship to Participant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

In the event of an emergency, we understand that you may authorize others to pick up your child. A picture ID will be required and the names must be listed previously.

Persons authorized to pick up/supervise my/our child from or during activities in the event of an emergency:

1. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

3. Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

III. Participant Educational Information

Name of School Currently Attending: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Student Classification for the 2056-2026 School Year:

(Circle One) 3rd 4th 5th 6th 7th 8th 9th

IV. Community Involvement/Activities

List names of agencies, type and amount of Community Involvement (add additional sheets as needed):

V. Parent Certification

I (we) certify that the information contained herein and any attached information is true and that I (we) understand that my (our) child will be participating in an educational development event involving community service, public speaking, and educational workshops. I (we) promise to assist and support my (our) child by attending all activities with him and ensuring that all concerns are addressed in a timely manner with BLEI members.

The undersigned does hereby consent to the above named student participating in the Debonair Experience activities and covenants and agrees to his/her own behalf and on the behalf of the student named above, release and hold harmless Beta Lambda Educational Institute, Alpha Phi Alpha Fraternity Inc., Beta Lambda Chapter, and their respective officers, agents, servants, volunteers, organizations, or any other member for any amount due to an act or activity engaged in relating to or in compliance with the Debonair Experience.

By affixing my signature to this document, I (we) consent to the participation of my (our) child
_____ in the 2025 DEBONAIR EXPERIENCE and all related
activities.

Parent of Guardian Printed Name: _____ Date: _____

Parent of Guardian Signature: _____

Parent of Guardian Printed Name: _____ Date: _____

Parent of Guardian Signature: _____

DEBONAIR EXPERIENCE Committee Action Only:

Date Received: _____