## STUDENT APPLICATION FORM

Advanced Teen Astronomy Camp June 19-26, 2018

The student is responsible for the entire application process including completion of this form. Parents and/or guardians must be consulted, review the forms, and provide the appropriate signatures.

<b>Student Information: (PLEASE PR</b>	RINT CLEARLY)
Name	Birthdate:
Mailing Address:	
Home Phone: ()	
Grade Level (now):	Gender: Preferred T-shirt Size (adult - S,M,L,XL):
If you have Internet access:	
Print your email address very clearly	<u>y</u> :
How often do you check your email?	
Could you use a Web browser to chec	ck the Camp "chat page" every few days?
Math Background	
Math Courses (Completed and Curren	nt): Algebra IIGeometryOther
Current Math Teacher's Name:	
School Name:	
School Phone:	
I certify that the above named studen	t has successfully completed Algebra II or Geometry.
Teacher's Signature:	Date:
Parent or Guardian Agreement	
Names:	Email address:
Mailing Address:	
Telephone Numbers: Work: ()	Home: ()
My student has permission to attend <a href="http://www.astronomycamp.org/docs/btc">http://www.astronomycamp.org/docs/btc</a>	the Advanced Astronomy Camp. I have read the travel guidelines at app.html.
sickness, weather, strikes, fires, wars, or	ociation accepts no responsibility for losses or additional expenses due to other causes. All such losses must be borne by the participant. A detailed of liability will be provided to participants prior to final payment and is
	egally responsible for the tuition and all costs associated with Astronomy all be governed by and subject to the laws of the State of Arizona and shall ad fully performed in Arizona.
Parent's Signature:	Date: