STUDENT APPLICATION FORM

Advanced Teen Astronomy Camp June 22-28, 2022

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.

Student Information: (PLEAS	E PRINT CLEARLY)
Name	Birthdate:
Mailing Address:	
City/State/Zip Code:	
Home Phone: ()	
Grade Level (now):	Sex: Preferred T-shirt Size (adult - S,M,L,XL):
If you have Internet access:	
Print your email address very c	learly:
How often do you check your er	nail?
Could you use a Web browser to	o check the Camp "chat page" every few days?
Math Background	
Math Courses (Completed and C	Current): Algebra IIGeometryOther
Current Math Teacher's Name:	
School Name:	
School Address:	
Parent or Guardian Agreemer	nt
Names:	Email address:
Mailing Address:	
Telephone Numbers: Work: () Home: ()
My student has permission to atten Policies at http://www.astronomyca	d the Beginning Astronomy Camp. I have read the travel guidelines and COVID tamp.org/docs/atcapp.html.
strikes, fires, wars, or other cause	s no responsibility for losses or additional expenses due to sickness, weather es. All such losses must be borne by the participant. A detailed statement o ity will be provided to participants prior to final payment and is available upon
Camp and further that this Agreeme	e are legally responsible for the tuition and all costs associated with Astronomy ent shall be governed by and subject to the laws of the State of Arizona and shall ade and fully performed in Arizona.
Parent's Signature:	Date: