

APPLICATION FORM

Astronomy Camp for Adults

October 5-9, 2023

Name: _____ Birthdate: _____ Sex: _____

Mailing Address: _____

City/State/Zip Code: _____

Preferred phone number: (____) - _____

Preferred email address: _____

T-shirt size (adult - S,M,L,XL): _____

Occupation: _____

Please describe your goals for Astronomy Camp, such as education (specific topics), social (interact with people with similar interests), and observation (specific objects to view):

The University of Arizona accepts no responsibility for losses or additional expenses due to sickness, weather, strikes, fires, wars, or other causes. All such losses must be borne by the participant. A detailed statement of limitations and exclusions of liability will be provided to participants prior to final payment and is available upon request.

I understand and agree that I am legally responsible for the tuition and all costs associated with Astronomy Camp and further that this Agreement shall be governed by and subject to the laws of the State of Arizona and shall be deemed for all purposes to be made and fully performed in Arizona.

Signature: _____ Date: _____