

APPLICATION FORM
ASTRONOMY CAMP for Educators
June 29 - July 3, 2006

(Please Print Clearly)

Name _____ Birthdate: _____

Mailing Address: _____

City/State/Zip Code: _____

Home Phone: ()- _____ Grade Level: _____ Gender: _____

If You Have Internet Access:

Print your email address very clearly: _____

How often do you check your email? _____

Could you use a Web browser to check the Camp website frequently? _____

School Name: _____

School Address: _____

School Phone: _____

School Web Site URL: _____

Grade Levels & Courses Taught:

Specific Educational and/or Observational Interests:

The University of Arizona Alumni Association 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: _____