

**APPLICATION FORM**  
Beginning Astronomy Camp for Adults  
September 26-28, 2014

**(Please Print Clearly)**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Numbers:

Home: (\_\_\_\_) - \_\_\_\_\_

Work: (\_\_\_\_) - \_\_\_\_\_

Occupation: \_\_\_\_\_

Specific Educational and Observational Interests:

**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 "chat page" routinely? \_\_\_\_\_

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: \_\_\_\_\_