2014 MSUB STEM CAMP REGISTRATION FORM

*REQUIRED FIELDS

Camper Information									
*First Name:				*Last Name:					
*Current Grade Lev	el:	School:							
*T-Shirt Size (circle	one): Youth S	Youth Sizes: S M		L XL Adult Sizes:		S I	M L	XL	XXL
Parent/Guardian Information:									
*First Name:	e:			Last Name:					
*Physical Address (Street/Apt. Number, City, State, and Zip):									
*E-mail address:				* Phone Number:					
Primary Contact During Camp Session:									
*First Name:			*La	*Last Name:					
*Contact Phone Number:			*A]	*Alternate Phone Number:					
Secondary Contact During Camp Session:									
*First Name:			*La	*Last Name:					
*Contact Phone Number:			*A]	*Alternate Phone Number:					
Tertiary Contact During Camp Session:									
First Name:			Las	Last Name:					
Contact Phone Number:			Alt	Alternate Phone Number:					

<u>IMPORTANT</u>: On the back of this form, please describe any particular conditions or issues that we should be aware of while working with your child during the week of camp.

Mail your completed form to STEM Camp, c/o D Snow, COE 209 MSUB, 1500 University Dr, Billings, 59101. Include a check payable to "Math Ed Group" in the following amount: \$259 in March (Early Bird), \$279 in April (Standard Rate), or \$299 on or after May 1st (Late Registration).