come on a safari with us!

College Camp 2019 Registration Form



| Student Name: 🗖 M | lale 🛭 Female |
|--|---------------|
| Parent/Guardian Name: | |
| Address: | |
| City/State/Zip: | |
| Email: | |
| Home & Work Phone: | |
| Alternate Contact Name & Phone: | |
| Student's Fall 2019 School: | |
| Does your child have a food allergy? Yes No If yes, please explain: | |
| Does your child have any health conditions and/or other allergies that staff should be aware of? Yes No | |
| If yes, please explain: | |
| | |
| Transportation: Will you be using morning bus transportation? Yes No Will you be using evening bus transportation? Yes No Pick-Up/Drop-Off Site (circle one): Adams-Friendship Auburndale Marshfield Nekoosa Pittsville Plover Port Edwards Stevens Point | |
| Exploration Workshop Options: Rank your top five exploration workshop choices, with 1 being your first choice. Participants will attend four worksh Accounting Business Management Campus Scavenger Hunt Construction Trades Cosmetology Criminal Justice-Studies Diesel & Heavy Equipment Technician EMT-Paramedic Hospitality Management IT Network Specialist – Escape Room IT Security Specialist – Escape Room Nursing The MIKE (advanced manufacturing) Urban Forestry Technician Welding | |
| My child has permission to participate in all camp activities, including, but not limited to: photographs, web-page students releases, and college videos. I hereby authorize Mid-State, without payment or compensation, to use these in an for any purpose. | |

Parent/Guardian Signature: _