

Section 1: Camper Information

Student Name: _____ Parent Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Mother's Cell: () _____ Father's Cell: () _____

Mother's Work: () _____ Father's Work: () _____

Email (parent): _____ School: _____

Age: _____ Grades: 9 10 11 12 Dietary Restrictions (if any): _____

The following persons should be contacted in case of emergencies:

1. Name (Print): _____ Phone Number: () _____

2. Name (Print): _____ Phone Number: () _____

T-shirt Size: Adult Child S M L XL XXL

Registration will not be accepted without a signed waiver form (see second page).

Mail this form with a non-refundable check of \$195 payable to:

Methodist University
Forensic Science Program
5400 Ramsey Street
Fayetteville, NC 28311
(ATTN: Professor Dave Pauly)

Signature of Child

Signature of Parent

Date

