

2008 Ad Astra Registration Form

Student's Name _____ SSN (last 4 digits): xxx-xx- _____
First Middle Initial Last Required field

Address: _____ Phone (home): _____
Street City State Zip

Student _____ Roommate _____
Email: _____ Birth Date: ___/___/___ Gender: Male Female Preference: _____

Grade in Fall 2008: _____ Year of H.S. Graduation: _____ Current School: _____ T-Shirt (adult size):
 S M L XL XXL

Parent/Guardian's Name: _____ Email: _____

Address (if different from student): _____
Street City State Zip

Phone (Day): _____ Phone (evening): _____ Cell: _____

Emergency Contact Name (after parent): _____

Phone (Day): _____ Phone (evening): _____ Cell: _____

Course Selection:

Note: You will attend three classes. If any class is filled we will place you in another course. Courses will be filled on a first-come-first-serve basis. Every effort will be made to allow students to have their selections, so register early to ensure your course selection.

Select session choice: **Session I:** June 8-14, 2008 **Session II:** June 15-21, 2008

Select three courses: Go with the Flow A Moving Experience Altered Imagery I Chess for Fun & Chess for Blood

Program Fee \$580 (all inclusive)

Fee includes room & board, tuition, Saturday brunch, all supplies and special events. Minimum deposit of \$150 required. Balance due prior to the start of the program.

Payment by: Check enclosed #: _____ Charge to credit card: VISA MasterCard Discover American Express

Amount: \$ _____ No.: _____ Expiration: _____ Signature: _____

Saturday Brunch (Session I: June 14; Session II: June 21 from 9:00 - 10:30 am) FREE!
(Exhibition and presentation of student class projects on the last day of camp. Student's parents & family members are encouraged to attend.)

Yes, I /We will attend - Indicate how many will be attending: _____ No, I/We will not attend

Verification of Giftedness (must be signed by a school official)

I verify that the student named below is gifted or talented as measured by a standardized test score, participation in a gifted program or through a teacher nomination process.

Student's Name: _____ School Phone: _____

School Official's Signature/Position: _____ Gifted Program/Test Scores: _____