

Virginia Tech Opportunity Programs 2007 Summer Day Camp

REGISTRATION FORM

PART I: APPLICANT INFORMATION (PLEASE TYPE OR PRINT)

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____ CITY/STATE/ZIP _____

EMAIL _____ PHONE (____) _____

DATE OF BIRTH _____ RACE/ETHNICITY (optional) _____

T-SHIRT SIZE _____

Youth: M L
Adult: S M L XL XXL

PART II: HIGH SCHOOL INFORMATION

NAME OF SCHOOL _____ CITY/STATE _____

GUIDANCE COUNSELOR _____

GRADE (FALL 2007) 9 10 11 12 GRADE POINT AVERAGE: _____

PART III: PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME _____

PHONE _ (____) _____ (DAY) PHONE _ (____) _____ (EVENING)

PHONE _ (____) _____ (OTHER) EMAIL ADDRESS _____

By signing this application, you agree that all of the information provided is correct to the best of your knowledge.

Applicant's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Please return completed registration forms to:



Ms. Jody Thompson
Virginia Tech Center for Academic Enrichment and Excellence
Attn: VTOP Day Camp
110 Femoyer Hall (0276)
Blacksburg, VA 24061



If you have questions or require additional information, please call (540) 231-5499.

Invent the Future