

Please complete both sides of this registration form, detach and mail with your check to enroll your child in the program.

Name: _____ Telephone: _____
Street Address: _____ Grade to be completed: _____
City and Zip Code: _____ (as of July 2008) _____
School Attending: _____ Experimental Design and Data Logging Session I
July 14th - 18th

Please make checks payable to:
M.C.V.S.D.

I would prefer that you bill my charge account:

Student Signature: _____
Parent Signature: _____
Visa / MasterCard: _____
Expiration Date: _____

a five day, summer enrichment program for students in grades 6, 7, & 8

Experimental Design and Data Logging

High Technology High School

P.O. Box 119
Lincroft, New Jersey 07738

the information you requested re: the 2008 Summer Science program for 6th, 7th, & 8th grade students

