

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

Name: _____
Street Address: _____
City and Zip Code: _____
School Attending: _____

Telephone: _____
Grade to be completed: _____
(as of June 2006)

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

Experimental Design
and
Data Logging Session I
July 24th - 28th

I would prefer that you bill my charge account:

Visa / MasterCard: _____
Expiration Date: _____

Student Signature: _____
Parent Signature: _____

a five day, summer enrichment program for students in grades 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 2006 Summer Science program for 7th & 8th grade students

