

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: _____ (as of June 2006)
City and Zip Code: _____	
School Attending: _____	Necessity: The Mother of Invention <input type="checkbox"/> Session I July 31st - August 4th
<i>Please make checks payable to: M.C.V.S.D.</i>	Necessity: The Mother of Invention <input type="checkbox"/> Session II August 7th - 11th
<i>I would prefer that you bill my charge account:</i>	
Visa / MasterCard: _____	Student Signature: _____
Expiration Date: _____	Parent Signature: _____

Necessity: The Mother of Invention

Girls' Summer Invention Program

a five day, summer enrichment program for girls entering 7th & 8th grades

High Technology High School

P.O. Box 119
Lincroft, New Jersey 07738

the information you requested re: the 2006 Summer program at High Technology High School

