



Guardian Signature

So You Want to Be...

College and Career Exploration Camp

Student Applicant Data:					
Name:					
Address:	City:		State:		Zip:
	Student Cell				
	thdate:// Student En				
Current School:		Grade: []	6th []	7th []	8th (please check on
T-Shirt Size: Adult Small Adu	ult Medium Adult Large Adult	XL			
	Hispanic or Latino [] Black/African American			awaiian/Pacit	fic Islander [] Othe
Is student applicant a citizen or	permanent resident of the U.S.?] Yes []	No		
How did you learn about So You	u Want to Be?				
Guardian Contact Informa	ation:				
Name:	Relation	ship to student:			
Work Phone: Emergency Contact:	Cell Phone:	Em	ail:		
Name:	Phone:	Relati	Relationship:		
Name:	Phone:	Relati	onship: _		
Signature of parent/guardian Signature of student applicant	n given in this application is true and o	Date			
	Disability/ADA				
_	oilities Act, each student with a disability is resure a qualified disability and need special acco		_	-	
	PHOTOGRAPHY / MULTIMED	DIA RELEASE			
the irrevocable and unrestricted rights other purpose and in any manner and r	nt Student's Name) to use and publish photographs of me, or in medium; to alter the same without restrictions; s from all claims and liability relating to said ph	which I may be inc	luded, for e	editorial trac	de, advertising and ar
Student Signature	Date				