REGISTRATION FORM

Please print and complete this form, include a check (for lunch and T-shirt) made out to Stanford University, and return to Barry Webb, Bldg 041, Room 238C; M/S 1 by July 30. You may call Barry with your questions at x2355 or by email at bwebb@slac.stanford.edu. If you wish to schedule one child with another, and they are in the same age group, please include this request below under special requests. Space is limited; workshop assignment is accommodated on a first come first served basis.

Child's Name:									Age:_		_		
Workshop Choice (circle one)		Age 9 - 10 years : Option AAge 9 - 11 years: Option BAge 10 - 11 years: Option CAge 12 - 14 years: Option DAge 13 - 15 years: Option EAge 14 - 16 years: Option F											
Special Requests:													
T-Shirt Size		Adult Sizes	S		L	XL	XXL	Chi	Child/Youth Sizes		Μ	L	
			\$15								\$15		
		There are no exchanges or refunds.											
	TOTAL FOR CHILD											A. \$	
SLAC Sponsor Name													
Relationship													
Email Address		@slac.stanford.edu											
Work Ext.		X											
Sponsor T-Shirt Size (optional, circle one)		Adult Sizes			S M L X		XI	XXL			B. \$		
			5	\$7.50				\$9.50				D. Ф	
		There are no exchanges or refunds.											
Sponsor Lunch (optional)		\$5.50Y	es .		No								C. \$
Make check out to Star	ersity, Check No.:							TOTAL A, B & C				\$	
Costs Summary: Child	(Lunch an	d T-Shirt): \$1	5/\$1	17, Sp	onsoi	r T-Sh	irt: \$7.5	50/\$9.	.50, Sp	onsor Lui	nch: S	\$5.50	
We would love to have you assist with the day (and have fun with your Kids!)													
Escorts		Can escort kids from (check one): 9:00 to 2:30 9:00 to 11:30 12:30 to 2:30											
SLAC Emergency Contact Name													
Phone													

My child, ______, has my permission to participate in the "Kids Day @ SLAC" activities on August 20, 2007. I understand closed toed, no heeled shoes, long pants, no jewelry and hair pulled back are required attire for every child. I have reviewed all Safety Procedures (mitigations described on the workshop web page and the registration packet) with my child. I give permission for SLAC to utilize photographic images and/or the name of my child for SLAC Kids Day promotional pieces, announcements, website, etc. ____Yes ____No

Parent Signature: ______ Date: ______ Daytime Phone: ______