

Biotechnology Summer Camp Application

REGISTRATION FORM



All information below must be filled out in order for your application to be considered.

Student Information

Student's Name: _____ Grade Level 2007-2008 _____
Parent/Guardian's Name: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
School the student is currently attending: _____

Emergency Contact Information

Emergency Contact Person: _____ Phone Number: _____

Deadline for enrollment is May 25, 2007

You will be contacted by June 1, 2007 to let you know if your application has been accepted or if the camp has been filled.

Please return this form to:
Franklinton High School
3 N. Main Street
Franklinton, NC 27525
Attn: Mr. Winn Clayton or Mr. Joe Robertson
or fax to (919) 494-5140

In the space below write a brief paragraph explaining why you would like to attend the Biotechnology Summer Camp. You may use the back of this form if you need additional space. This must be written by the student.
