

Warren County Technical School's

Summer T.E.C. Camp

-Technology Enrichment Camp-

Enrollment Form

Please return this form to Warren Tech by no later than **June 19**. Please print.

Student's
Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone Number: _____

Home Phone Number: _____

Emergency Contact Number: _____

Parent / Guardian Name(s) _____

E-Mail Address:

Please list five courses of your choice from the brochure, by course name.

1. _____

2. _____

3. _____

4. _____

5. _____

The program will be in session from **July 6 to 31, Monday through Friday, 8:30 to 12:30.**

Signature of Parent / Guardian _____