



Technology Camp Registration Form

Student Information

Student's Name _____
Last First MI

Student's Address _____
Street Address

_____ City State Zip

Parent's Name _____
Last First MI

Student's Address _____
(If different from student) Street Address

_____ City State Zip

Daytime Phone (____) _____

Camp Information

Camp Title	Section	Beginning Date	Time	2008/2009 Year Grade

Method of Payment

Personal Check
(Payable to Millersville University)

Mastercard
 Visa
 Discover

Credit card no. _____ Expiration date _____

Name as it appears on card _____

Authorized signature _____

Mail to:

Technology Camp
Department of Industry and Technology
Millersville University of Pennsylvania
PO Box 1002
Millersville, PA 17551-0302