



SEA CAMP

of Oregon

REGISTRATION FORM 2009

**August 16-19, 2009
(Coed, Ages 9-12)**

____ NEW STUDENT OR ____ RETURNING STUDENT (YEAR ATTENDED SEACAMP) ____

Student Name (First, Middle, Last):		
Address:		
City:	State:	Zip:
Phone (Day):	Phone (Evening):	
Cell Phone:	Email:	
Age at Start of SEA CAMP 2009	Birth date:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:		
Parent/Guardian Occupation:		
School:	Grade Completed in 6/09:	

Payment enclosed (**Fee \$495**)

Method of Payment: Check Enclosed Cash Visa Mastercard

Card # _____ Exp. Date: _____

Billing Address: _____

Signature: _____

Payment will be sent by June 1, 2009.

Check here if you would like to apply for tuition assistance. Applications are available on the on the web at: www.sou.edu/youth/seacamp/apply.html or contact our office to have one mailed to you.

Return Form To:
SEA CAMP 2009 – PRE-COLLEGE YOUTH PROGRAMS, SOUTHERN OREGON UNIVERSITY
1250 SISKIYOU BLVD, ASHLAND, OREGON 97520
PHONE: (541) 552-6452

**This registration form does not guarantee enrollment.
Registrations are accepted on a first come, first served basis. Once your registration in completed, we
will send you a Sea Camp information packet.**