

REGISTRATION FORM

Please use a separate form for each participant.

Child's Name _____ Birthdate _____

Age _____ Grade Entering in Fall 2010 _____

Address _____ City _____ St _____ Zip _____

Parent/Guardian Signature _____

Parent Name _____ Home Telephone (____) _____

Cell Phone(____) _____ Work Telephone (____) _____

E-Mail Address _____

Name of School _____

Special Needs _____

T-Shirt Size (Please check one)

Child: M (10-12) L (14-16) **Adult:** S (34-36) L (42-44)
 M (38-40) XL (46)

Will your child be staying for lunch? Yes No

CLASS CHOICES:

	1ST SESSION	2ND SESSION
AM	1st Choice# _____	1st Choice# _____
	2nd Choice# _____	2nd Choice# _____
PM	1st Choice# _____	1st Choice# _____
	2nd Choice# _____	2nd Choice# _____

TOTAL YOUR CLASSES:

_____ Total Amount for Classes

_____ Parking Pass (\$15.00) *Optional*

_____ Total Fees Enclosed

METHOD OF PAYMENT:

Check Payable to: Illinois State University Check # _____

Visa MasterCard Card # _____ Exp. Date _____

American Express Discover Signature _____

REGISTER:

(BEGINNING APRIL 5, 2010)



BY FAX

(309) 438-5364



BY PHONE

(309) 438-2160 or (800) 877-1478



BY MAIL

Complete the registration form and send to:
College for Youth
ISU Conference Services
Campus Box 8610
Normal, IL 61790-8610



WALK IN

ISU Conference Services
Alumni Center
1101 N. Main St. Normal, IL
Open 8:00 a.m. - 4:30 p.m. Mon-Fri