

REGISTRATION FORM

(copy if necessary)

2019 Summer Science Camp

June 24 - 28 • 12:45 - 3:45 PM

Camper's Name

Male Female

School Grade in Fall '19

Parent/Guardian

Address

City State Zip

Home Phone

Cell or Work Phone

Parent/Guardian Email

T-shirt Size: YOUTH Small YOUTH Medium

YOUTH Large ADULT Small ADULT Medium

ADULT Large ADULT X-Large

PAYMENT: Check Money Order enclosed

(payable to Lourdes University)

AUTHORIZATION:

You have my permission to take photographs of my child during summer workshop activities for publicity reasons.

Signature

Please detach and mail or bring to:

Lourdes University 2019 Summer Science Camp
Holli Bone, 6832 Convent Blvd., Sylvania, OH 43560

RSVP Space is Limited



LOURDES
UNIVERSITY

Sponsored by the Sisters of St. Francis

Center for Science Education & the Environment
Department of Chemistry & Physical Sciences
Department of Education

6832 Convent Boulevard, Sylvania, Ohio 43560

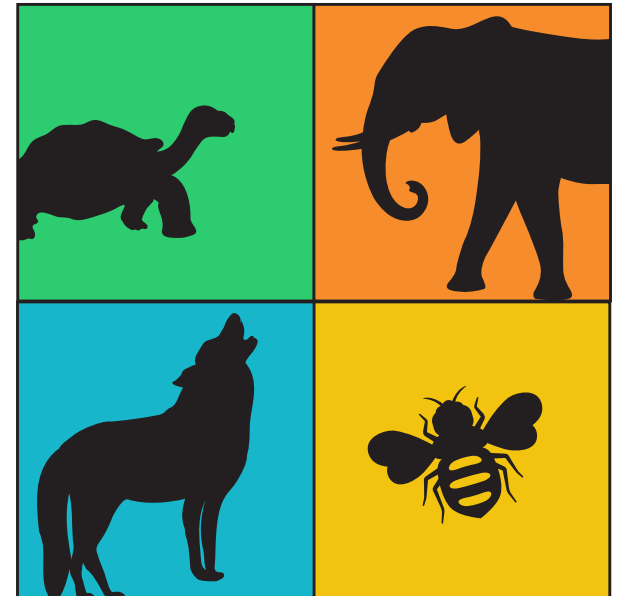
Phone: 419-824-3909

E-mail: hbone@lourdes.edu



2019 Summer
Science
Camp

EXTREME EXTINCTIONS



EXPLORING SOLUTIONS

June 24 - 28 • 12:45 - 3:45 PM

Center for Science Education & the Environment
Department of Chemistry & Physical Sciences
Department of Education

419-824-3909

EXTREME EXTINGUISHIONS

EXPLORING SOLUTIONS

2019 Summer Science Camp

June 24 - 28 • 12:45 - 3:45 PM Daily

Grades 5-8
(Fall 2019)

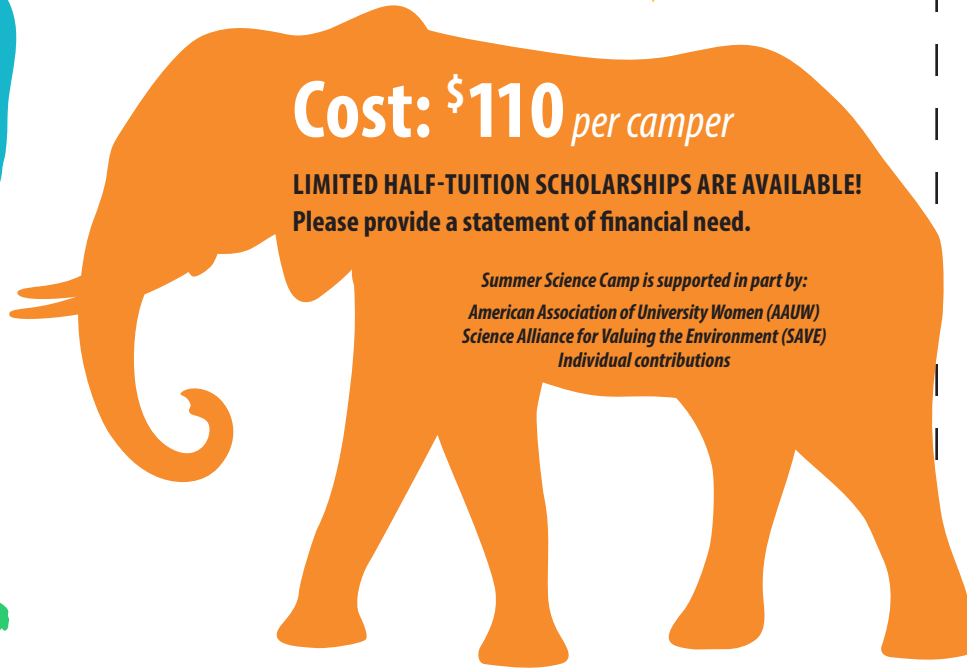


A FUN GIFT!
Please indicate camper's size
on the registration form.

www.lourdes.edu/sciencecamp



All campers receive
a T-shirt!



Cost: \$110 per camper

LIMITED HALF-TUITION SCHOLARSHIPS ARE AVAILABLE!
Please provide a statement of financial need.

Summer Science Camp is supported in part by:
American Association of University Women (AAUW)
Science Alliance for Valuing the Environment (SAVE)
Individual contributions



RSVP Deadline: June 14
Space is Limited!

QUESTIONS? Contact Holli Bone at
419-824-3909 or
hbone@lourdes.edu

MEDICAL RELEASE FORM

Please fill this form out completely.
A medical release form for each participant must be on record with
the Science Department before he/she may begin camp.

Physician's Name

Physician's Phone Number

Preferred Hospital

Please list any allergies, asthma or other health concerns

Alternate Contact Person

Phone

Insurance Information

Insured's Name

Carrier Name

Carrier Address

Certificate/ID #

Group #

I authorize Lourdes staff to request medical treatment if
unable to reach parent/guardian.

Parent/Guardian Signature

Date