

BAE Systems STEM Camp Registration 2017

Registrations Must Be Received by June 9th.

Participant's Name _____ Date of Birth _____ Age _____

Address _____ City _____ State/Zip _____

Phone _____ Email _____

School District _____ Grade _____ (Fall 2017)

US Citizen: Yes No Permanent Resident: Yes No

T-Shirt Size (circle one):

Youth L Adult S Adult M Adult L Adult XL Adult 2XL

Parent/Guardian #1 _____ Cell Phone _____

Address _____ City _____ State/Zip _____

Home Phone _____ Email _____

Parent/Guardian #2 _____ Cell Phone _____

Address _____ City _____ State/Zip _____

Home Phone _____ Email _____

Medical conditions/restrictions* _____

*Please be aware that and required daily medications cannot be administered by our emergency response team. A parent/guardian would need to be present on site.

Known allergies/dietary restrictions _____

Emergency Contact #1 _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email _____ Relationship _____

Driver's License State _____ Driver's License # _____

Emergency Contact #2 _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email _____ Relationship _____

Driver's License State _____ Driver's License # _____

How did you hear about the BAE SYSTEMS STEM CAMP?

School District/Teacher/Guidance Counselor

BOCES/STEM HUB

BAE SYSTEMS Employee

Social Media

Other: _____

Parent/Guardian Signature _____ Date _____

REGISTRATION FEE: \$200 payable to BAE SYSTEMS. Please mail payment with completed registration form to: BAE SYSTEMS STEM CAMP, c/o Human Resources 14-2 B18, 1301 North Street, Endicott, NY 13760.

OFFICE USE ONLY

Date Payment Received _____ Check # _____ Waiver Y/N _____ Media Release Y/N _____