

Registration form

Student Information

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email: _____

Date of Birth (MM/DD/YYYY): _____

High School: _____

Expected Year of graduation: _____

Standing Grade Point Average: _____

Reason for Attending the Workshop: _____

Related extracurricular activities (i.e., classes, hobbies, etc.): _____

Parent/Guardian Information

First and Last Name: _____

Phone No: _____

Email: _____