

**Green S.T.E.M. Girls: Conserving Natural Resources
Summer Academy 2016
Contact Information**



Participant's Name: _____
(First Name) (Last Name)

Participant's Mailing Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Email Address: _____

Cell Phone: _____ School: _____

What grade will you be entering in Fall 2016: _____

Parent/Guardian Name: _____
(Last Name) (First Name)

Parent/Guardian Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

Emergency Contact Person 1:

(Name) (Phone Number) (Relationship to Participant)

Emergency Contact Person 2:

(Name) (Phone Number) (Relationship to Participant)