

Summer Academy for Gifted/Honors Children
Registration Form

Student Name: _____
 First Last

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____

E-mail address: _____

School District: _____

Teacher Signature

Course (\$400.00 per course)	Date
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1.

2.

Total: \$

Charge my (please circle): VISA MASTER CARD AMEX

Account Number: _____

Expiration Date: _____

Signature: _____

Please make your check payable to **West Chester University**
Mail this completed registration form with payment to:

Conference Services
13/15 University Avenue
West Chester University
West Chester, PA 19383