

**Registration Form**  
**6364-09YR**  
**2009 Technology Experiences Cheerleading**  
**July 19 – July 23, 2009**

Please print all information on this form that MUST be completed in order to guarantee a place in the program.

Name \_\_\_\_\_

Last

First

Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ (as of fall 2009)

Birth Date \_\_\_\_\_ (ex: xx/xx/xxxx) Roommate (optional) \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_ I require auxiliary aids and services due to a disability.

\_\_\_\_\_ Special Dietary Requirements

Fees

The cost to attend is \$200 per participant. Purdue University is not responsible for cost incurred due to cancellation. A refund will be made if a request is received in writing to CEC Business Services by July 10, 2009. Scholarships and reduced fees are available if needed.

Payment Method

Payment is required upon submission of registration. Send check or money order payable to Purdue University or charge to (check one):

Master Card  VISA  Discover  American Express

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ (ex: xx/xxxx)

Authorized Signature \_\_\_\_\_

Signing this form gives permission for use of my child's photo for marketing purposes. No names or addresses will be released.

\_\_\_\_\_  
Signature Parent/Legal Guardian

\_\_\_\_\_  
Date