

2009 Science Visions Registration

Names: _____

Age (if under 18) _____ Parent's Name: _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Program(s) registering for:

Program	Date & Time	Fee
Total Fee:		

Scholarships available on request.

Do you require any accommodations for special needs? Yes/No

Explain: _____

Mail to:
Science Visions, 521 Sixth St. Brookings, SD 57006