



FUTURE MINDS REGISTRATION

Student's Name _____ Age(July'11) _____

Address _____ City _____ Zip _____

E-Mail Address (for confirmation) _____

Parent's Tel#(Home) _____ Business/Cell _____

In case of emergency & parent cannot be reached, please contact:

_____ Tel# _____

PARENT PERMISSION:

I will not hold Future Minds or any individual staff member responsible for any accidents incurred during participation in the Future Minds Camps. If parents cannot be reached in case of emergency, consent is given to call emergency contact or receive medical care as recommended by a physician or hospital.

Signature of parent _____

	1 st Choice	2 nd Choice	Tuition: \$80
July 18-22 Morning	_____ A-1 _____	_____	_____
July 18-22 Afternoon	_____	_____	_____
July 25-29 Morning	_____	_____	_____
July 25-29 Afternoon	_____	_____	_____

Send registration/checks payable to: **Future Minds Camps, c/o M. J. Milburn**
115 Shelby Pointe Drive, Louisville, KY 40223

Questions mcskip99@aol.com or 502:594-4949 Website: <http://www.futuremindscamps.com>

Please send information to a friend: Name _____

Email or mailing address _____