

PARTICIPANT INFORMATION

(One child per page)

Participant Name: _____ Birthdate: _____ Age: _____ Grade: _____
 Phone: _____ Street Address: _____, Champaign, IL 618 _____
 Parent Name: _____
 Parent Email: _____

PARENT/GUARDIAN: Please fill out the first 3 columns. List only **one** program session **per line**. If requesting passes, state the Pass Type and then list family member names to include with the pass (this is the only time just one page will be acceptable to list multiple people).

Program Title or Pass Type (if pass, then also list the family members the pass is for)	ID Number (leave blank for passes)	Resident Fee	The boxes to the right are for OFFICE USE ONLY.	Parent Fee	Scholarship \$ Awarded	Fund for Staff to Pay From	

OFFICE USE ONLY:

VERIFY THAT FORMS ARE FILLED OUT COMPLETELY AND ALL REQUIRED DOCUMENTS ARE ATTACHED.

HH # _____ (for returning customers) DATE RECEIVED: _____

STAFF ACCEPTING DOCUMENTS: _____ LOCATION: (circle one) BMC DCC HC LRC SCC TC

ROUTE ALL SCHOLARSHIP APPLICATIONS TO TOM GILBERT.