

Philadelphia Area Girls Enjoying Science™ Enrollment Form Saturday, October 8th

Scan and e-mail to: katt@verizon.net (preferred)
(as jpeg or pdf)

Mail to: OR
Dr. Kathy Thrush Shaginaw
Particular Solutions, Inc.
P.O. Box 192
Yardley, PA 19067-8192

FAX to: OR
(215) 736-2308



Please print !!

Sponsoring Teacher's Name: _____

Sponsoring Teacher's School: _____

School Address: _____

Telephone Number: _____

E-Mail address: _____

_____ I am a sponsoring teacher and I am interested in being paired up with a scientist on October 8th. I can be reached at the following phone numbers:
Day _____ Evening _____

I would like to register the following student for Philadelphia Area Girls Enjoying Science™:

Name: _____
Grade: _____

Please provide emergency contact information (name and phone number or e-mail address), in case there is a last minute need to contact the girls :

This student has the following special need: _____

The enrollment of the girls in the program confirms parental approval to participate in the event and to have their daughter's image potentially used in publicity for future Philadelphia Area Girls Enjoying Science™ events.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

**Registration deadline is October 28, 2011.
Confirmation letters with maps will be mailed to
all participants about one week before the event.
As always, parents are not allowed to attend the event.**

