**SENSATIONAL ADVENTURES IN SUMMER SCIENCE**

**July 24-31, 2016**

**APPLICATION**

Please complete the following form. Our goal is to provide a science learning opportunity which is fun, educational, emphasizes use of “skills of blindness” in all activities and includes all scientists regardless of visual acuity.

Scientist name:

Street address:

City:

State:

Zip:

Birthday:

Gender:

Home Ph:

Cell Ph:

Email:

Parent/legal Guardian Name:

Street address:

City:

State:

Zip:

Home/work phone:

Cell Phone:

Email:

Insurance Name:

Contract number:

Group number:

**About Your Scientist:**

The following information will help us prepare for your child to launch a

SENSATIONAL ADVENTURE IN SUMMER SCIENCE. We prefer that the scientist complete this section, if possible.

Do you read Braille? (Grade 1 (uncontracted) or Grade 2 (contracted)?

Do you have any food or other allergies which we need to be aware of?

What is your favorite science topic or subject?

What book or books have you read for fun in the past year?

What kinds of books do you enjoy?

Return form by email to:

donnabutterfly50@gmail.com

OR return by postal mail to

Fred Wurtzel

1212 N. Foster Avenue

Lansing, MI 48912

For questions, email Donna Posont donnabutterfly50@gmail.com