

I M A G I N E

Imagination is at the Heart of Summer Programs for Youth at the University of Washington Bothell
Week One: July 6 –July 10; Week Two: July 13 – July 17

For more information, go to www.uwb.edu/education/imagine/ or Email: IMAGINE@uwb.edu

To register for one or more of the sessions, mail this registration form with payment to the address at the bottom on this form.

Emergency and liability release forms can be downloaded from: www.uwb.edu/education/imagine/

These forms must be signed and on file prior to students attending any program activities.

PLEASE PRINT

STUDENT NAME (LAST/FIRST/MI)

____/____/____
BIRTHDATE

AGE

SEX

GRADE ENTERING 2009-2010

PARENT(S)/GUARDIAN(S) NAME(S)

STREET ADDRESS

CITY

STATE

ZIP CODE

PARENT/GUARDIAN'S WORK (DAY) PHONE NUMBER

BEST NUMBER TO REACH YOU

EMAIL ADDRESS (PLEASE PRINT CLEARLY)

PLEASE ENROLL MY STUDENT IN:

\$75.00 PER ONE WEEK OF SESSIONS

WEEK ONE: JULY 6-10, 2009

SESSION 1, 9:00AM- 12:00PM

SESSION 2, 1:00PM-4:00PM

(NO CHARGE FOR WEEK 2 IF REGISTERED FOR WEEK 1, SESSIONS 1 & 2)

WEEK TWO: JULY 13-JULY 17, 2009

SESSION 1, 9:00AM- 12:00PM

SESSION 2, 1:00PM-4:00PM

*NON-REFUNDABLE REGISTRATION FEE \$35.00

35.00

**WITHDRAWAL DEADLINE: JUNE 22, 2009

TOTAL:

Check or money order made payable to University of Washington Bothell (returned check fee \$25.00)

STUDENT IMAGINE PROGRAM REFUND POLICY: You may withdraw via email at imagine@uwb.edu or in writing. If your request is received June 22, 2009, you will receive 100% refund less the \$35 registration fee. Fees cannot be refunded after June 22nd.

ACCOMMODATIONS FOR DISABILITIES: To request disability accommodations, contact the UW Bothell Disability Office as early as possible at 425-352-5307 (voice), 425-352-5303 (TDD).

Imagine
Education Program
Box 358531
University of Washington Bothell
18115 Campus Way N.E
Bothell, WA 98011-8246



QUESTIONS? EMAIL IMAGINE@UWB.EDU OR CALL 425.352.3481