

Agriculture Enrichment Summer Camp at UVI Cooperative Extension Service

Participant Application 2016

Camp Dates: June 27 to July 22, 2016

Name: _____ Gender: ____ Social Security #: _____

Date of Birth: _____ Age: ____ Today's Date: _____

Home Address: _____ Mailing Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Telephone No.: (Home) _____ (Cell) _____

Email: _____

Person to notify in case of emergency:

Name: _____ Relationship: _____ Phone #: _____

Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Black - not Hispanic | <input type="checkbox"/> White - not Hispanic |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Decline to Answer |

Education Status: Highest Grade Completed _____

Other Summer or Training Programs Completed: _____

Disability/Disabilities: (Please leave blank if you have no disability)

Primary: _____ Secondary: _____

Strengths: _____

Weaknesses: _____

Means of Transportation: Bus/Safari: ____ Vitran Plus: ____ Drive Self: ____ Driven: _____

By signing below, I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application.

Participant's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Website: ces.uvi.edu **Phone:** (340) 693-1080 **Email:** ces.uvi.edu@gmail.com