

MSCR REGISTRATION FORM

Only one form per household.

Parent/Guardian/Contact Person—Last Name _____ First Name _____ Home Phone _____ Work or Cell Phone _____

Address _____ Apt# _____

City _____ State _____ Zip _____

E-mail (Required for registration confirmation) _____

Please note special needs or health concerns: _____

Do you require accommodations to participate in this activity? No/Yes Explain: _____

By registering or participating, the registrant understands that individual accident insurance is not provided for MSCR programs and agrees to adhere to program rules. I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in MSCR Program. Photos may be taken during program for educational and marketing purposes. I have read and agree to follow the registration and refund policies.

Signature

Signature required for participation

____ MMSD Resident ____ Non-Resident

Non-residents pay 50 percent more, see page 4.

T-shirt size (pages 41 & 43) _____

Name(s) of Participant(s):	Sex	DOB m/d/y	Grade 10-11	Race*	Activity List 1st & Alternate Choices	Location	Dates	Time	Fee	Course#
MMSD Student ID # (MMSD Enrichmen only)					1st _____ alternate _____					
					1st _____ alternate _____					
					1st _____ alternate _____					
					1st _____ alternate _____					
					1st _____ alternate _____					
					1st _____ alternate _____					

See reverse side for Fee Waiver information. Fee waiver requests must accompany registration form.

Please indicate above using corresponding number: (Optional) Credit Card Number: _____ VISA OR MASTERCARD ONLY

1. Asian/Pacific Islander
2. American Indian/Alaskan
3. African American
4. Hispanic
5. White
6. Multiracial

Card Holder Print Name: _____ Expiration Date: ____/____

Authorized Signature: _____ Payment Amount \$ _____

<p>TOTAL FEES:</p> <p>\$ _____</p> <p>Donation to the Scholarship Fund: \$ _____</p>

MAKE CHECK PAYABLE TO MSCR. Enclose a stamped, self-addressed envelope. Mail to: MSCR, 3802 Regent St., Madison, WI 53705 FAX TO: 204-0557