



Thursday, June 26, 2008

Registration Form

Location: Minneapolis Community and Technical College, Mpls 55403
Co-sponsored by Third District Nurses of MNA

Please mail this form to: Adventures in Nursing - K. Parks
MCTC, H500 Nursing Dept.,
1501 Hennepin Ave, Mpls, MN 55403

Please complete the application below and return it, along with payment by June 12, 2008
Space is limited, early registration is suggested.

Today's Date _____

1. Applicant information - please print

Name _____
Address _____
City _____ State _____ ZIP _____
Home phone _____ Email address _____
High school _____
Are you male or female? _____

- 2. Circle your current grade in high school. Senior Junior Sophomore High School graduate
3. If you are a HS graduate, are you taking pre nursing college courses? Yes No
4. Are you in a medical career program at your high school? Yes No
5. Are you a member of Health Occupation Students of American (HOSA)? Yes No
6. Is English a second language? Yes No
7. Are you attending this event with a friend? Yes No If yes, who?

8. List the science courses you have taken in high school including the courses in which you are currently enrolled:

9. If you are a sophomore or junior, please list the other science courses you plan to take before graduating from high school.

10. Please enclose your payment. If we are unable to enroll you into this camp, or if you receive a scholarship you will be reimbursed the amount awarded.

Check or money order payable to SNA MCTC for \$25. This is non-transferable. It refundable with one weeks notice.

Are you applying for a Third District Scholarship? Yes No

How interested are you in becoming a nurse?

Please circle the number that best represents your interest in becoming a nurse.

Just curious.....fairly interested.....very interested, very sure I want to be a nurse!

1 2 3 4 5 6 7 8 9 10

11. How did you hear about this event? Mark all that apply

Teacher

4H

website

School bulletin board

Health occupation program in high school

Newspaper

Parent

Other

PARENTS OR GUARDIAN: Please fill out this section.

Name of parent or guardian to be contacted in case of emergency _____

Camper's name (please print) _____

12. Parent or Guardian Name (please print) _____

13. Home phone number _____

14. Work phone number _____

15. Cell phone number _____

16. If participant is under 18 years of age we must have Parents or guardian signature

Yes, I give permission for _____ (student name) to attend this event. I understand I am responsible for this student before 8 am and after 4:30 on the camp day.

Parents or Guardian's signature _____

Date _____

Sponsors of Adventures in Nursing – Career Camps reserve the right to take pictures at camp for promotional purposes only.

Please note that a medical waiver form may be required. Please check Third District web site for a copy of this form.

For registration information, please contact Mpls Community and Technical College at 612-659-6460

For general camp content or scholarship questions, please contact Third District Nurses at 952-920-9860 or email: landerson@nursesCE.org, Website: www. NursesCE.org

We look forward to seeing you at this fun event!