

2017 Communications Institute

FINAL REGISTRATION (PLEASE TYPE)



Student _____ Age as of June 15 _____

Preferred name/nickname _____ student cell phone # _____

Parent/Guardian contact information:

name _____ phone _____ email _____

name _____ phone _____ email _____

Part 1: PERMISSION (ALL parents or guardians must read and sign)

I have read the materials accompanying this registration, and I give my permission for (student's name) _____ to attend the 2017 Communications Institute June 14-17 on the Colorado State University campus and to participate in all program events.

Parent/Guardian

Signature(s) _____

Date _____

Date _____

Date _____

Part 2. SPECIAL DIET OR MEDICATIONS

Note: If you require a special diet during the Communication Institute or must take required medical prescriptions (you are responsible for your own medication), please thoroughly describe those requirements here. If you listed dietary needs or medications on the medical form, please repeat that information here:

Part 3. STUDENT AGREEMENT (To be signed by student attending the Communications Institute)

I am committed to attending the Communications Institute at Colorado State University. I understand that CSU has already planned for my participation and committed funds to arrange housing, meals and classes. If my situation changes for any reason, and I cannot attend, I agree to notify the coordinator @ 303-594-8589.

Student Signature _____

Date _____

Part 4: OPENING & CLOSING ATTENDANCE COUNT

We are flexible in whom you would like to invite to attend the Orientation and Post-Celebration with you, but we need an approximate number for planning purposes.

_____ Number of people including the student registrant who will attend Orientation Wednesday, June 14

_____ Number of people including the registrant who will attend the Brunch & Awards Saturday, June 17