

# Registration Form for Areté Experience June 13-17, 2011.

## Participant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Birth Date of Participant: \_\_\_\_\_

## Parent Information:

1. Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number(s) for emergencies: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
2. Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number(s) for emergencies: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Tuition is 375.00

In completing this enrollment form, I acknowledge and fully understand and agree that 200.00 of my tuition is non-refundable/nontransferable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make check payable to the Areté Leadership Experience.

Should you choose to submit this form electronically, typing your name on the line above acknowledges the terms of this agreement and constitutes your electronic signature.

Any photocopy, facsimile, electronic or other copies of this agreement have the same effect for all purposes as a signed original.

Please send payments to Areté Experience at: Celine McNelis-Kline, Assistant Professor, Health Promotion and Wellness University of Wisconsin at Stevens Point 1901 Fourth Ave. Stevens Point, WI 54481 . 715-432-4570.