

Summer Nano-in-Action Program

June 1-2; 9 a.m.- 3 p.m. • 8th - 12th grade

To be completed by the student:

First and Last Name: _____

Address: _____

City, State, Zip Code: _____

Parent/Guardian Name: _____

Emergency Phone Number: _____

Current Grade: _____

School: _____

Lunch will be served- special considerations (allergies or other): _____

My signature on this application is evidence of my interest in attending the SNAP program in Fargo at the Skills & Technology Training Center. Further, I agree that I will abide by the attendance, conduct, and safety rules set by the Center for Nanoscience Technology Training (CNTT). I have obtained the necessary signatures. I grant permission for any pictures in which I may appear to be used to publicize the SNAP program.

Student's Signature

Date

I, as the parent (or guardian) of the student named above, give my permission for my child to attend the SNAP program in Fargo at the Skills & Technology Training Center. I have discussed with my child the expectations and requirements of the program and of our school district. I grant permission to the CNTT to use pictures of my child in materials promoting the program.

Parent/Guardian's Signature

Date

Registration is limited
Register by May 1 - \$25.00; After May 1 - \$35.00

Registration fee enclosed _____
Make checks payable to NDSCS

Oh SNAP!!

We look forward to seeing you at the lab!

Carrie Leopold
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