

2017 Denfeld LEGO Robotics Camp

APPLICATION FORM

STUDENT'S NAME: _____ GRADE ENTERING: _____

SCHOOL ATTENDED LAST YEAR: _____

PARENT NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL: _____ EMERGENCY CONTACT NUMBER: _____

EXPERIENCE LEVEL

____ BEGINNER (I HAVE LITTLE OR NO PREVIOUS ROBOTICS EXPERIENCE)

____ ADVANCED (I HAVE BEEN TO MULTIPLE ROBOTICS CAMPS AND/OR AM A MEMBER OF A LEGO ROBOTICS TEAM)

Please mail your application and
payment by June 30th:

Denfeld Robotics
401 N 44th Ave W
Duluth, MN 55807

PARENT/GUARDIAN SIGNATURE: _____