

2024 ROBOTICS ENGINEERING SUMMER CAMP

AMATROL[®]

CERTIFIED ISO 9001:2015

REGISTRATION FORM

CAMP SESSION SELECTION

Please check	Session Options	DATE	TIME	No. of Days
	MORNING Sessions	June 17-21, 2024, Monday-Friday June 24-28, 2024, Monday-Friday	8:30 AM - Noon	10
	AFTERNOON Sessions	June 17-21, 2024, Monday-Friday June 24-28, 2024, Monday-Friday	1:00 PM – 4:30 PM	10

STUDENT INFORMATION

First, Last Name _____

Preferred Name _____

Gender:

Male

Female

Date of Birth (mmddyy) _____

Student Cell Number _____

Name of middle school attended _____

Rising 9th Grader?

Yes

No

Name of high school _____

Rising 10th Grader?

Yes

No

PARENT INFORMATION

Parent Name _____

Parent Address _____

Parent Email Address _____

Parent Home Phone _____

Parent Cell Number _____

Indicate any dietary restriction of the student _____

STUDENT T-SHIRT SIZE *adult size

Small

Medium

Large

X-Large

2X

3X

STUDENT SIGNATURE _____

2024 ROBOTICS ENGINEERING SUMMER CAMP



PAYMENT INFORMATION

Camp attendance is confirmed once both payment and this completed registration form are received. If the camp selection session is full, Amatrol will contact you.

Total Cost: \$40.00 per student (\$20.00 per week)

Please select your payment method:

Cash – deliver to Amatrol. Please do not mail cash.

Credit card – a fee of 3.22% will be added.

Check – Payable to Amatrol, Inc.

CAMP LOCATION/ INFORMATION

Amatrol—EAST Bldg., 2400 Centennial Blvd, Jeffersonville, IN 47130

812-288-8285

training@amatrol.com

PARENT/GUARDIAN APPROVAL

On the last day of the camp, each student will present an automation demonstration that they have created as part of the camp. Please indicate the number of guests planning to attend the closing program at Amatrol.

CLOSING PROGRAM DATE: June 28, 2024, Friday

NUMBER OF GUESTS:

Amatrol will NOT provide transportation to and from the facility. Please arrange student's pickup and drop off. I Agree.

By signature of the parent or guardian below, permission for the above name of student to participate in the two-week Robotics Summer Camp described on this application is granted.

PRINT Name of Parent/Guardian _____

Signature _____

Date _____

OFFICE USE ONLY

Payment received via	Check	<input type="text"/>	Credit Card	<input type="text"/>	Cash	<input type="text"/>	Other	<input type="text"/>
Confirmation Sent via	Email	<input type="text"/>	Post Mail	<input type="text"/>	Fax	<input type="text"/>	Other	<input type="text"/>