

2010 Adventures in Computing Camp Registration Form

Date: _____

Student Name: _____ Birth Date (dd/mm/yyyy): _____

Parent or Guardian: Email Address: _____

Name: _____ Receive camp updates via email: Y N

Address: _____ City: _____ Postal Code: _____

Phone: _____ Day Contact # _____

Where did you hear about us: Sault Star Sault This Week School flyer

SooToday.com Internet/Website Returning student Other _____

Enter Coupon Code: _____

| | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Adventures in Video Game Design (Age 11 – 15) July 5 - 9 | Price - \$199.95 |
| <input type="checkbox"/> | 3D Video Game Design (Age 11 – 15) July 12 - 16 Aug. 9 – 13 | Price - \$199.95 |
| <input type="checkbox"/> | Adventures in Computing (Age 8 – 11) July 19 – 23 | Price - \$169.95 |
| <input type="checkbox"/> | Role-Playing Game (RPG) Design (Age 11 – 16) July 26 – 30 | Price - \$199.95 |
| | Pro Gamer – Cyber Athlete (Age 13 – 16) Aug. 3 - 6 | Price - \$169.95** **Tuesday – Friday Only (Civic Holiday) |

Enclose/Attach Fees: Sub Total: _____
 (*Age 15 years +) HST: _____
 Total : _____
 Receipt # _____

Liability Waiver: The undersigned hereby releases and holds harmless Interactive Minds Inc. and Algoma University, its officers, employees, representatives, agents, successors and assigns, from all liability for any injury or damage to person or property howsoever caused, resulting from the attendance of the aforementioned registrant in the camp. *This waiver must be signed by a guardian of the minor before participation in the above registered camp can be permitted.*

Guardian Name: _____ Signature: _____

Please make cheque/money order payable to: **Algoma University**

Visa MasterCard Card # _____ Expiry Date ____/____

Mail to:
Cindy Jacobs (Main Office)
Attn: Adventures in Computing Camps
Algoma University
1520 Queen Street East
Sault Ste. Marie, Ontario, P6A 2G4

Fax to: **(705) 949-6583**

For More Information:
Call (705) 949-2301 Ext.4723 or visit
www.computercamps.ca