



Fall 2009 UNC Asheville Super Saturday Registration Form

STUDENT INFORMATION

Name _____
 Address _____ City _____ Zip _____
 Age _____ Date of birth _____ Male () Female () County _____
 School _____ Grade _____

PARENT INFORMATION

Name(s) _____
 Home Phone _____ Cell Phone _____
 2nd Cell Phone _____ Email Address _____
 Name of person other than parent to be called in an emergency _____
 Relationship to Child _____ Home Phone _____ Cell Phone _____
 I am interested in becoming a parent volunteer: () Yes () No (If yes, best way to contact: _____)

CLASS CHOICE

9:00–10:20 a.m. Choice #1: _____
 #2: _____
 #3: _____
 10:30–11:50 a.m. Choice #1: _____
 #2: _____
 #3: _____

CHECK LIST

- () Complete information above, listing 1st, 2nd, 3rd class choices appropriate to child's interest/abilities.
- () Enclose business-size, self-addressed stamped envelope (for course confirmation and room location)
- () Enclose registration form
- () Enclose check/money order or complete credit card information

Mail registration form and payment to:

UNCA Super Saturday, One University Heights, CPO #1430, Asheville, NC 28804 **postmarked by October 7, 2009.**

No refunds will be issued after October 12, 2009.

A \$15 cancellation fee will be deducted from any refund requested after September 25. For more information, call 828/251.6558. *Super Saturday reserves the right to use photos of students and classes to promote the program on its website and in printed materials.*

PAYMENT OPTIONS

Registration fee for **each** 6-week course is \$65 (\$55 for UNC Asheville employees)

Cash, check or money order (made payable to UNC Asheville)

Amount enclosed \$ _____

Credit Card: () Visa () MasterCard

Card number _____ Exp. date _____

Name on Credit Card _____

PROFESSIONAL INFORMATION

This portion of the application is to be completed by a professional member of your child's school unless your child has attended previous Super Saturday programs.

I certify that _____ meets one of the following criteria:

(1) identified as academically gifted according to North Carolina guidelines or, (2) demonstrates evidence of outstanding achievement or potential

Signature: _____ Title: _____

Phone: _____ Date: _____