



APPLICATION

Please Print

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

Date of Birth: _____ Male: _____ Female: _____

School: _____ Grade: _____

Name of School Counselor: _____

Name of Parent/Guardian: _____

Parent/Guardian Daytime Phone: () _____ Evening () _____

Please mail, fax or email completed application by *July 14, 2014* to:

**Project Tech Teens, LLC
500 E. 33rd Street, #807
Chicago, IL 60616
Phone: 773-451-5470
Fax: 815-327-0176
Email: summercamp@ProjectTechTeens.com**