

Application for Summer 2009

Bay Path College

“Go Girls!”

Summer Discovery Program for Girls 5-12

Please send in this registration to hold your girls spot!

- Please fax- Attn Briana Sitler @ 413 565 1118
- Mail - Attn Briana Sitler, please see below address
- Please circle week attending: June 22-26 July 6-10 July 13-17

Cost of the program:

\$300 per week for new campers

\$275 per week discounted rate for Bay Path College: students, staff, faculty, alums or BPC Board members.

Each BPC student, employee, alum or Board member may sponsor up to 2 campers per week.

\$250 for multiple campers (families)

Total cost of the program includes snacks, Go Girls t-shirt, field trip and more. Both full and partial scholarships **may be** available. Girls completing the program will receive the Star Certificate.

Please mail registration materials to:

Briana Sitler

Director of Special Programs

Bay Path College

588 Longmeadow Street

Longmeadow, MA 01106

413 565 1066 Direct

Deadlines and Important Dates:

Deposit (\$50) Deadline: with this form

*Registration forms mailed with receipt of
form or download online*

Open house to be determined

Bay Path College "Go Girls" Summer Discovery Program

Personal Information

Last Name: _____ First Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____
Telephone: _____ E-mail: _____
Date of Birth: _____ Age when attending program _____
Height in inches _____ Weight in Pounds _____
Returning camper? Yes No

Financial Information

Both full and partial scholarships may be available for this program for students with financial need. Would you like to be considered for a scholarship? _____

Family Information

Father's (or Guardian's) Full Name:	Mother's (or Guardian's) Full Name:
_____	_____
Address: _____	Address: _____
_____	_____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Telephone: _____	Telephone: _____
Work Telephone: _____	Work Telephone: _____
Cell phone: _____	Cell phone: _____
E-mail: _____	E-mail: _____
Emergency contact person: _____	Phone(s): _____

Bay Path Alumni Year _____

Current Bay Path Student Year of graduation _____ Saturday Grad Program

\$50.00 Deposit OR

Full Payment by: Check # _____ enclosed Visa Mastercard

Account number _____ Exp Date _____

Name on Card _____

Media Release:

I hereby grant permission to Bay Path College to use photos and video images taken by the institution or its agents of my daughter _____ for college publicity, adverting or promotional purposes. **I hereby waive any right** to inspect or approve the finished still photographs, motion pictures, digital media, videotapes and/or associated or independent audio recordings, or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

As parent/guardian(s) of this student I (we) join in and agree to be bound by this release document.

Father/Guardian Signature Date

Mother/Guardian Signature Date