

 **ihmc 2017**

ROBOTICS CAMP

DESIGN, CONSTRUCT, AND PROGRAM ROBOTS!

The 2017 Robotics Summer Camp at IHMC offers participants the opportunity to work in teams and master fun and exciting challenges while programming Lego robots. The camp encourages creativity and problem solving. No previous experience in programming is required for the Introductory level! Two camp sessions are offered.

SESSIONS

1 Rising 7th, 8th, and 9th Graders - Introductory
July 10-13, 9:00am - 3:00pm

2 Rising 8th and 9th Graders - Intermediate
July 24-27, 9:00am - 3:30pm

DETAILS

Each session costs \$150.00. Students may select only one camp session. Space is limited to 20 participants per session. Some financial assistance is available based on need, for qualified candidates. Please fill out the application below for consideration. **Completed applications MUST be received by April 7th. Notification of camp acceptance will be by April 14th and final registration forms and fees are due April 28th.**

REGISTER

Camp Session (1 or 2): _____ Age: _____ Circle T-Shirt Adult Size: S, M, L, XL

Youth Name: _____ Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Parent E-mail Address: _____

Grade Level in 2016 - 17: _____ School Attended in 2016 - 17: _____

Please have the Camp Applicant write an explanation as to why they want to attend this Camp in 50 words or less.

Check this box to include lunch for an additional fee of \$24.00 (a sandwich, chips, and a beverage on each day).

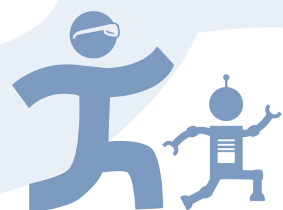
Check this box for financial assistance and complete the form on the reverse side for consideration.

Send or deliver the completed application to IHMC:

Mail: IHMC Robotics Camp, 15 SE Osceola Avenue, Ocala, FL 34471

Scan & E-mail: uschwuttke@ihmc.us

Premier Sponsor



2017 FINANCIAL ASSISTANCE APPLICATION IHMC SUMMER ROBOTICS CAMP

Instructions:

All information in this application form is confidential and will be used for this program only. Thank you.

Does your family receive any public assistance (circle any that apply):

TANF Food Stamps Free or Reduced School Lunch Other (please provide below)

Other Assistance (please print): _____

Please include documentation of assistance.

Mailing Address (if different than on previous page): _____

E-mail: _____ Preferred Method of Contact: _____

Phone: _____

Parent's Signature: _____ Date: _____

Parent's Name (printed): _____

Child's Name (printed): _____

