

HATS 2012 Summer Program Application

Please complete application and mail with your payment by **May 1, 2012** to:
HATS, Stetson University, 421 N. Woodland Blvd., Unit 8390, DeLand, FL 32723

- ✓ Please complete and **mail application. Include Emergency Contact Form and Informed Consent Form**
- ✓ Please **enclose payment of \$260** (check made payable to "HATS PROGRAM") for each class. If your child is taking two classes, please complete a new application form for each class selected. However, you may pay for both classes with one check. Please see the Enrollment Information page for the various available discounts.

Student's Last Name	First Name	MI	Name of Parent / Guardian	
Street Address		City	State	Zip
_____	M F	K 1 2 3 4 5 6 7 8 9	_____	
Date of Birth	Gender	Current Grade Level (2011-2012 school year)	School and County	
Home Phone		Work Phone	Cell Phone	

E-mail Address - a current e-mail **MUST** be provided to receive confirmation that your application was received.
PLEASE PRINT NEATLY AND CLEARLY to distinguish letters from numbers (ex. 1 or "l", zero "0", etc.)

Has student attended HATS before? Yes No If yes, when: _____
If no, how did you hear about HATS? _____

Has student been formally identified for a school-based gifted program? Yes No

Scored at the 95th percentile or higher? Yes No Please submit a copy of Test Scores (if first-time applicant)

T-Shirt Size : Youth S Youth M Youth L Small Medium Large XL XXL XXXL
(Additional shirts may be purchased @ **\$10.00** each; please indicate Size and Quantity. There is **NO CHARGE** for the first shirt.)

1st Choice: **Number** (Ex: DEL-101) **NAME** (Ex: Forensic Science) **Location** (Ex: DeLand) **Dates** (Ex: July 19-23)

2nd Choice: **Number** **NAME** **Location** **Dates**

(NOTE: Please do NOT indicate a second choice unless you are willing to participate in that class should your first choice be full.)

Contributions to the HATS/Berlin-Blank Scholarship Fund are tax-deductible and deeply appreciated. Donations can be included with your HATS registration. We greatly appreciate your donation in any amount.

____ \$5 _____ \$10 _____ \$25 _____ \$50 Other Amount \$ _____ I do not wish to contribute at this time.

Amount included for additional T-Shirts (\$10 for each additional shirt) \$ _____

Referring a friend? Friends name and class: _____

Amount of Discount to be applied: \$ _____

Total Amount Enclosed: \$ _____ **Check#** _____

