University of Maryland, Dietetics Department Summer Camp Program
Program Application
University of Maryland, College Park

Student Name
First        Last

Address
Street Address

Address Line 2

City                        State/Province/Region

Postal Zip Code

Birthday

MM / DD / YYYY

Rising Grade Level

Gender

Male
Female

Which week do you prefer to attend?

Session 1

Session 2

MM / DD to MM / DD
How did you find out about this program?

- School Counselor
- Internet
- Past Participation
- Science/Health Teacher
- Summer Program Fair
- Other (please specify below)

School Information

Name of School

School Address

Street Address

Address Line 2

City

State/Province/Region

Postal Zip Code

School Phone

### - ### - ###

Parent Guardian Information

Parent Guardian Name

Email
Home Phone

### - ### - ###

Daytime Phone

### - ### - ###

Hours that the Parent/Guardian can be reached at the daytime phone numbers?

I hereby apply to the Dietetics Program Summer Camp and confirm that the information provided in this application is true and correct.

Parent Signature and Date

Student Signature and Date