



Registration Form: 2009 Summer Program in Architecture for High School Students
June 8 - June 26
9:30 am - 12:00 noon

Date: __/__/__

Name of Student: _____

Phone No: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Grade completed as of June 2009: _____

Age: _____

Name of School: _____

Signature of Parent: _____

Emergency Contact person: _____

Relationship: _____

Phone: _____

Parent wishes to be called if student is absent from class? Yes _____ No _____

Daytime phone for parent: _____

Print this form and mail to:

University of Miami School of Architecture
High School Architectural Program
P.O. Box 249178
Coral Gables, FL 33124-5010
Attn: Fay Bernardo

(Include check for \$700.00 made payable to University of Miami)