

# Wayne State University / VAC Training Program

# Sports & Technology Camps Program

# 2009

Cost  
(\$30 per day)  
(\$120 for 4 days)

\$30 non-refundable deposit required to sign-up / if you sign-up for a week, the non-refundable deposit is \$60. We also accept Visa, MasterCard, Checks, and Money Orders.

Sign-up is first-come, first serve, we will only be accepting the first 100 youth

This innovative program will provide students a summer camp experience featuring the fun and exercise of sports along with an introduction to math, science, and technology educational opportunities and careers. The sports that will be offered are: Baseball and Golf. We will use the Lego Curriculum to introduce math, science, technology as well as critical thinking skills, which will last a life time.

To be conducted at:  
259 Matthaei Building  
Detroit, MI (313) 577-5945

## Camp Dates

### Baseball and Golf

August 17, 2009	August 18, 2009	August 19, 2009	August 20, 2009
10 a.m. – 3:00 p.m.	10 a.m. – 3:00 p.m.	10 a.m. – 3:00 p.m.	10 a.m. – 3:00 p.m.

For general information call Ron Simpkins-Associate Director (313) 577-5945  
Website: [www.coe.wayne.edu/Grants/VAC/](http://www.coe.wayne.edu/Grants/VAC/)

(Please cut & return with deposit to WSU/VAC-259 Matthaei Building, Detroit MI 48202)  
Sign-Up Registration Form

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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Visa: \_\_\_\_\_ Exp Date: \_\_\_\_\_

MasterCard: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I/we as parent(s) guardian of the above child hereby give my/our approval for my/our children to participate and there likeness to be used in all of the activities of the above camp. I understand that the WSU/VAC Training Program /Wayne State University, its staff or volunteers not responsible for any accident or injury that may occur to my/our children. I/we also give our approval for the picture or likeness of my/our child to promote these camps. Please list any medical information on the back of this form. I/we as parents(s)/guardian of the above child, hereby give my approval for my child to receive medical attention if needed.

Father/Guardian Signature: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_