

**Wayne State University / VAC Training Program
&
Macomb Community College
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 available at Macomb Community College. The sports that will be offered are: Basketball and Cheerleading. We will use the Lego Curriculum to introduce math, science, and technology as well as critical thinking skills, which will last a life time.

To be conducted at:
Macomb Community College
14500 E. 12 Mile Road, Warren, MI (810)445-7999

Camp Dates

Cheerleading & Basketball

June 22, 2009	June 23, 2009	June 24, 2009	June 25, 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/

(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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Cheerleading & Basketball

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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 /Macomb Community College, 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: _____