

**SARAH LAWRENCE COLLEGE HUMAN GENETICS PROGRAM**

**SUMMER DAY CAMP APPLICATION**

**APPLICANT INFORMATION**

**Name:**

**Current address:**

**City:**

**State:**

**ZIP Code:**

**Email**

**Date of birth:**

**Phone:**

**Cell:**

**PAYMENT**

- **Please make payable to Sarah Lawrence College Human Genetics Program**

**Application fee: \$25.00** (covers breakfast & lunch)

**Payment method: Check**  **Ck #**

**Money Order**

- **We will send confirmation of your payment via e-mail.**

**REGISTRATION DEADLINE**

**Registration deadline: May 25, 2012**

**Regretfully you will not be able to attend without an application on file and paid fee.**