

**University of Colorado at Boulder**  
**Science Explorers 2007-2008**  
**Registration Form**  
Please fill out completely

Yes! I will bring my team(s) of 5 students to Science Explorers on \_\_\_\_\_  
Number of Teams \_\_\_\_\_ (Date)

Location: \_\_\_\_\_

Teacher Name \_\_\_\_\_ Grade \_\_\_\_\_

Email \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Principal's Name: \_\_\_\_\_

District \_\_\_\_\_

**Program Fee is \$200 per team.**

Mail check to:                      Science Explorers  
   University of Colorado  
   446 UCB  
   Boulder, CO 80309

Fax Registration Form to: 303-735-6443

*Please note: If your School District is processing a check, please send or fax in your registration form as soon as possible and note type of payment below.*

\_\_\_\_ My school or school district will send payment.

\_\_\_\_ I am enclosing a check for \$ \_\_\_\_\_.

\_\_\_\_ My payment is covered by: \_\_\_\_\_.

\_\_\_\_ I am paying with a credit card. Visa \_\_\_\_ MC \_\_\_\_

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

We look forward to having you and your five students join us for this exciting event.

Kristi Dahl  
Email: [kristi.dahl@colorado.edu](mailto:kristi.dahl@colorado.edu)  
Phone: 303-492-0771