

PROJECT YES!  
Summer Program 2009

# REGISTRATION



## Student Information

Student's Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone(s) \_\_\_\_\_ Student's Age \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Student's School \_\_\_\_\_ Grade \_\_\_\_\_

## Payment Information

Check Payable to Civicorps Amt. \$ \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ \$ \_\_\_\_\_  
Name on card \_\_\_\_\_  
Visa    Mastercard    (Circle One)  
Expiration Date \_\_\_\_\_  
CVV (security code) \_\_\_\_\_

Minimum \$400 deposit is necessary to reserve a spot for the month-long program, \$1000 payment due in full to start the program no later than 7/6

## Return This Form by May 1st

Return this form to:  
PROJECT YES! Summer Program  
Civicorps Elementary School  
1086 Alcatraz Avenue  
Oakland, CA 94608  
OR  
EMAIL to sarah.windels@cvcorps.org  
OR  
CALL to register: 510-420-3701 x225