



2022 TITANTECH SUMMER SESSION
REGISTRATION FORM

P.O. Box 309 | JAMESTOWN, NC 27282

JUNE 13 – 17, 2022

REGISTRATION DEADLINE JUNE 9, 2022. 5 P.M.

Select the adventure your teen will be attending:

- CULINARY CURIOUS(CSP-4000-CUL)
- DESTINATION DELICIOUS(CSP-4000-DEL)
- SCRUB LIFE (CSP-4000-HEA)
- DIGITAL ART & DESIGN(CSP-4000-PIX)
- CYBER TITANS WORKSHOP(CSP-4000-CYB)
- LEARNING DIGITAL SURVEILLANCE & ETHICS: HOW WE ARE TARGETED (CSP-4000-WIZ)
- IRON MAN'S FAB LAB (CSP-4000-FAB)
- PHANTASTIC PHOTOS & VIRALICIOUS VIDEO 101(CSP-4000-PHT)
- LET'S MAKE A RECORD! (CSP-4000-REC)

Student Name _____
LAST FIRST MIDDLE

Address: _____
STREET/P.O. BOX/ROUTE CITY STATE ZIP

County of Residence: _____ **Date of Birth:** _____
MONTH DAY YEAR

Parent/Guardian Email Address: _____ **Cell Phone:** _____
(with area code)

A. Gender: <input type="checkbox"/> 1. Female <input type="checkbox"/> 2. Male	B. Ethnicity: <input type="checkbox"/> 1. Hispanic/Latino <input type="checkbox"/> 2. Non-Hispanic/Latino	C. Race <input type="checkbox"/> 1. Native American/Alaskan <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black/African American <input type="checkbox"/> 4. Hawaiian/Pacific Islander <input type="checkbox"/> 5. White <input type="checkbox"/> 6. Other	
D. School Information Last Grade Completed _____ School _____			

Total Payment: \$ 230.00 **Check one:** Check Money Order Mastercard Visa Discover AmEx

Card Holder's Name: _____ **Card Holder Signature:** _____

Credit Card Number [] **Exp. Date: (mm/yyyy)** _____

Make check or money order payable to: **GTCC** | If paying by card, scan and email to titantech@gtcc.edu

MEDICAL AND EMERGENCY CONTACT INFORMATION

Primary Emergency Contact: **Name:** _____ **Phone:** _____
 Relation to Camper: _____

Secondary Emergency Contact: **Name:** _____ **Phone:** _____
 Relation to Camper: _____

Please list any ALLERGIES/MEDICAL CONDITIONS: _____

In case of any medical emergencies, Emergency Services will be contacted first and then the Contacts listed above.

BY MY SIGNATURE, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

For Official Use Only

Student ID: _____ Term: _____
 Exempt Non-Exempt Fee Paid: \$ _____