

Application Form for
ACT PREP CAMP

June 5-7, 2018

Jones County Junior College

REGISTRATION REQUESTED BY: MAY 24

Grades 9-12

Name: _____
(last) (first) (middle)

Address: _____
(street)

(city) (state) (zip)

Cell Phone: _____ AGE: _____ SEX: _____

Email: _____

Parent's (or Guardian's) Full Name: _____

Parent's Email: _____

Parent's Cell Phone: _____

Name, address, and phone number of a person to be contacted in CASE OF EMERGENCY.
(List someone to be contacted if parent cannot be reached)

High School: _____ Grade: (as of 9/1/2018) _____

Over on back



STUDENT AND PARENT AGREEMENT:

I will strive to be a worthy representative by contributing my best effort to the success of the conference. I agree to abide by all the rules and regulations established by the camp coordinators. My guardian agrees that I may accept emergency medical attention from the JCJC Campus Clinic or First Responder representative. I further understand that a refund will not be provided if I do not attend.

Signature of the Applicant

Signature of Parent or Guardian

Name of Insurance Company _____

Insurance Policy Number _____

INSTRUCTIONS

1. Please make check payable to Jones County Junior College for each student. This must be mailed with the registration forms. The fee is \$150 per person.
2. **REGISTRATION FOR ACT PREP CAMP IS REQUESTED BY: MAY 24, 2018**
3. **The ACT test date is June 9, 2018 and the registration deadline for this test is May 4, 2018. To register to take the ACT on June 9, go to <http://www.actstudent.org/regist/dates.html>.**
4. If you have any questions, please call Karen Purvis at 601/477-4297 or by email at Karen.purvis@jcjc.edu.

MAIL TO:

JONES COUNTY JUNIOR COLLEGE
Karen Purvis
900 SOUTH COURT STREET
ELLISVILLE, MS 39437

***Receipt and camp schedule will be mailed once application and payment is received.**