

 **ihmc 2018**

ROBOTICS CAMP

DESIGN, CONSTRUCT, AND PROGRAM ROBOTS!

The 2018 Robotics Summer Camp at IHMC offers participants the opportunity to work in teams and master fun and exciting challenges while programming Lego robots. The camp encourages creativity and problem solving. No previous experience in programming is required.

DATE: JULY 30 – AUGUST 2, 2018

Rising 7th, 8th, and 9th Graders - Introductory Level
Daily from 9:00am–3:00pm

DETAILS

The camp fee is \$170.00. Space is limited to 20 participants. Some financial assistance is available based on need, for qualified candidates. Please fill out the information requested below for consideration. **Completed applications and fees must be received by May 31st.**

REGISTER

Camp Session: **July 30 - Aug 2** Age: _____ Circle T-Shirt Adult Size: S, M, L, XL

Youth Name: _____ Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Parent E-mail Address: _____

Grade Level in 2017–18: _____ School Attended in 2017–18: _____

Introductory applicants, please explain (in the students own words) why she/he would like to attend camp. Intermediate applicants, please describe your prior experience with Lego robotics.

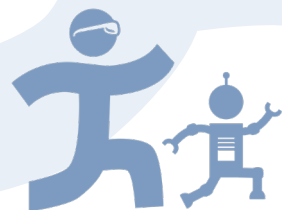
Check this box to include lunch for an additional fee of \$30.00 (a sandwich, chips, and a beverage on each day).

Check this box for financial assistance and complete the form on the reverse side for consideration.

Send or deliver the completed application to IHMC:

Mail: IHMC Robotics Camp, 15 SE Osceola Avenue, Ocala FL 34471

Scan & E-mail: jrivera@ihmc.us



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2018 FINANCIAL ASSISTANCE APPLICATION IHMC SUMMER ROBOTICS CAMP

All information in this application form is confidential and will be used for this program only. Thank you.

Does your family receive any public assistance (circle any that apply):

TANF Food Stamps Free or Reduced School Lunch Other (please provide below)

Other Assistance (please print): _____

To be considered, please include documentation of assistance.

Mailing Address (if different than on previous page): _____

E-mail: _____ Preferred Method of Contact: _____

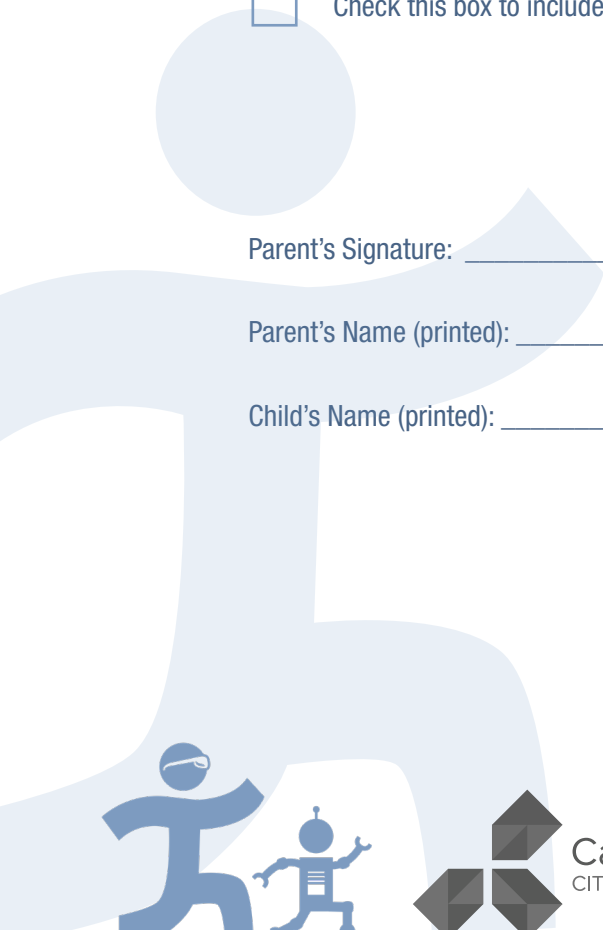
Phone: _____

Check this box to include lunch at no charge (a sandwich, chips, and a beverage on each day).

Parent's Signature: _____ Date: _____

Parent's Name (printed): _____

Child's Name (printed): _____



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