

2024 Expanding Your Horizons Group Registration Form

November 2, 2024

Pre-registration deadline is October 28, 2024. Registration is first come, first served. For group registration fill in the information below for each student. Each student will also need to complete a participation form. Once you have all the information below filled out and have collected the participation release forms please mail the group registration form and participation release forms to:

WSU – Chemistry and Biochemistry Department

Attn: Dr. Moriah Beck

1845 Fairmount

Campus Box 51

Wichita, KS 67260-0051

Or **E-mail** the form to Moriah.beck@wichita.edu or **Fax** the form to **316-978-3431**. For questions, please contact the Moriah Beck at **316-978-5476**.

School Information

School Name: _____

Address: _____

City & State: _____ Zip: _____

School Contact Name: _____

Phone Number: _____

Email Address: _____

Group Information

Group/Program Name: _____

Group Leader Name: _____

Group Leader Phone Number: _____

Group Leader email address: _____

No Registration Fee for 2024 EYH

How many will be participating in the optional campus tour (2:30 – 3:30 p.m.)? _____

(An adult must attend the tour with the student.)

| | | | | |
|--|--------------|--------------------|-------------------|-------------------|
| Student Name: _____ | Grade: _____ | Parent Name: _____ | | |
| Address: _____ | City: _____ | Zip: _____ | Home Phone: _____ | Cell Phone: _____ |
| E-Mail Address: _____ | | | | |
| Dietary Restrictions: Vegetarian Y N Other: _____ Special Accommodations: _____ | | | | |

| | | | | |
|--|--------------|--------------------|-------------------|-------------------|
| Student Name: _____ | Grade: _____ | Parent Name: _____ | | |
| Address: _____ | City: _____ | Zip: _____ | Home Phone: _____ | Cell Phone: _____ |
| E-Mail Address: _____ | | | | |
| Dietary Restrictions: Vegetarian Y N Other: _____ Special Accommodations: _____ | | | | |

| | | | | |
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| Student Name: _____ | Grade: _____ | Parent Name: _____ | | |
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| E-Mail Address: _____ | | | | |
| Dietary Restrictions: Vegetarian Y N Other: _____ Special Accommodations: _____ | | | | |

Student Name: _____ Grade: _____ Parent Name: _____
Address: _____ City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____
E-Mail Address: _____
Dietary Restrictions: Vegetarian **Y N** Other: _____ Special Accommodations: _____

Student Name: _____ Grade: _____ Parent Name: _____
Address: _____ City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____
E-Mail Address: _____ Track Selections: _____ T-Shirt Size (adult): **S M L XL XXL**
Dietary Restrictions: Vegetarian **Y N** Other: _____ Special Accommodations: _____

Student Name: _____ Grade: _____ Parent Name: _____
Address: _____ City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____
E-Mail Address: _____
Dietary Restrictions: Vegetarian **Y N** Other: _____ Special Accommodations: _____

Student Name: _____ Grade: _____ Parent Name: _____
Address: _____ City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____
E-Mail Address: _____
Dietary Restrictions: Vegetarian **Y N** Other: _____ Special Accommodations: _____

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E-Mail Address: _____

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