

I would like to enroll my daughter/son, _____, into the following courses.

Week of Course: *(check one)*

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> June 8-12 | <input type="checkbox"/> June 15-19 | <input type="checkbox"/> June 22-26 |
| <input type="checkbox"/> July 6-10 | <input type="checkbox"/> July 13-17 | <input type="checkbox"/> July 20-24 |
| | <input type="checkbox"/> July 27-31 | |

Course Title: _____

Course Code: - -

Course Meeting Time: *(check one)*

- | | | |
|---|---|--|
| <input type="checkbox"/> 9:00 a.m.-noon | <input type="checkbox"/> 1:00-4:00 p.m. | <input type="checkbox"/> 9:00 a.m.-4:00 p.m. |
|---|---|--|

Course Cost: \$ _____

Week of Course: *(check one)*

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> June 8-12 | <input type="checkbox"/> June 15-19 | <input type="checkbox"/> June 22-26 |
| <input type="checkbox"/> July 6-10 | <input type="checkbox"/> July 13-17 | <input type="checkbox"/> July 20-24 |
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Course Title: _____

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Course Meeting Time: *(check one)*

- | | | |
|---|---|--|
| <input type="checkbox"/> 9:00 a.m.-noon | <input type="checkbox"/> 1:00-4:00 p.m. | <input type="checkbox"/> 9:00 a.m.-4:00 p.m. |
|---|---|--|

Course Cost: \$ _____

Registration Received by: _____ Date: _____

Registration Entered by: _____ Date: _____

Please mail all forms to: Coastal Carolina University – The Biddle Center for Teaching, Learning and Community Engagement – Mini Summer Youth Program – 100 Chanticleer Dr. East – Baxley Hall 219 – P.O. Box 261954 – Conway, SC 29528