

Walk-In Registration Form
Tech Savvy Pasadena
April 8, 2017

PLEASE COMPLETE BOTH PAGES

Bring signed form to Creveling Lounge, Pasadena City College

Registration opens at 8:30 a.m.

Student Information (6th – 9th grade girls)

*First Name: _____ Last Name: _____

*Email (confirmation will be sent): _____

*Street Address: _____

*City, State, Zip Code: _____

*School Name: _____

*Grade: 6 7 8 9

Food or Other Allergies: _____

*T-Shirt Size (adult sizes): XS S M L XL XXL

Student Race/Ethnicity (optional):

- | | | |
|---|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian/White (non-Hispanic) |
| <input type="checkbox"/> Indigenous: Alaskan, American Indian | <input type="checkbox"/> Latina/Hispanic | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> Multiracial/Multiethnic | <input type="checkbox"/> Other | |

Student Disability Status (choose all that apply):

- Hearing Impaired Visual Impairment Mobility/Orthopedic Impairment
 None
 Other _____

***PAYMENT (\$5.00 per girl)**

- Cash
 Check (make out to AAUW-Pasadena)
 I need a fee waiver.

PARENT/GUARDIAN INFORMATION

****Parent or Guardian 1 Information***

First Name: _____ Last Name: _____

Relationship to Student: _____

Phone Number: _____

Attending Adult Program? YES NO

Parent or Guardian 2 Information

First Name: _____ Last Name: _____

Relationship to Student: _____ Phone Number: _____

Attending Adult Program? YES NO

****Emergency Contact Information (Different from Parent 1 or 2 above)***

First Name: _____ Last Name: _____

Relationship to Student: _____ Phone Number(s): _____

Additional Information

Disability Status of Parent or Guardian 1 if attending the adult program (choose all that apply)

- Hearing Impaired Visual Impairment Mobility/Orthopedic Impairment None
 Other _____

Disability Status of Parent or Guardian 2 if attending the adult program (choose all that apply)

- Hearing Impaired Visual Impairment Mobility/Orthopedic Impairment None
 Other _____

Education Attainment, Parent or Guardian 1 (optional):

- High school or equivalent Some college College degree (2-year) College degree (4-year)
 Advanced degree None of the above

Education Attainment, Parent or Guardian 2 (optional):

- High school or equivalent Some college College degree (2-year) College degree (4-year)
 Advanced degree None of the above

Total yearly household income (optional):

- Less than \$25,000 \$25,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999
 \$75,000 to \$99,999 \$100,000 to \$149,999 \$150,000 or more

I heard about Tech Savvy from the following (check all that apply)

- School Website Teacher Neighbor or Friend AAUW Branch Member
 AAUW Website College/University Web site Online Search Other _____

****PHOTO/VIDEO RELEASE (required)***

As guardian/adult, I acknowledge that AAUW may use photographs or video coverage taken during the event. I give permission for photographs or video from Tech Savvy containing my image or my student's image to be used in media, future advertising, on websites, or print materials.

Yes, I agree.

***Signature:** _____ **Date:** _____