

Camano Island Test Site Registration Form

May 13 & 14, 2009

9 AM. – 1:30 PM

Testing Facility Location: Camano Chapel 867 S. West Camano Drive Camano Island, WA 98282	
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Please Provide Contact Information: *(print clearly)*

Parents	
Address	
City & Zip	
Phone	
E-mail <small>(use only for contact by Test Coordinator)</small>	
Emergency Contact Name	
Emergency Contact Phone	

Children: *(List last name only if different from the parent's name)*

Name	Test Level

No. of tests and price totals per grade:

Grade	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
	\$50 ea	\$50 ea	\$45ea	\$45ea	\$45ea	\$45ea	\$45ea	\$45ea	\$45ea	\$45ea	\$45ea
Number of Tests											
Grade Total Price											

Early Bird Discount: \$5.00 OFF each test IF Postmarked by April 23

No Registrations will be taken after May 2

Send check* or money order with your test registration form to:

Subtotal	Early Bird Discount Tests X \$5.00	Total*

**Subtotal – Discount = Total*

Lisa Anderson
341 MacKenzie Dr.
Camano Island, WA 98282
360.387.4525
slega4@verizon.net

** \$30 Bank Charge for Returned Checks*

Yes, I have read the Testing Day Instructions

-- Is there any thing we should know about your child? If so, please use the back of this form to explain.--