

FOCUS SUMMER 2012 STUDENT REGISTRATION FORM

Please complete and return to FOCUS Programs Office, PO Box 1027, New Canaan, CT 06840 or FAX to 866-849-8575

Program you are registering for _____

Student Name _____ Male Female

Student Cell _____ Birthdate _____

Student Email _____

Home Address _____

City _____ State _____ Zip _____

School (12'-13') _____ Current Grade ('11-'12) _____

FOCUS Area _____ I would like to room with: _____

Are you regularly involved with FOCUS Meetings in your Area? Yes No

Have you attended a FOCUS National Program before? Yes No

PROVIDE CONTACT DETAILS BELOW FOR A PARENT OR GUARDIAN LIVING AT THE SAME ADDRESS AS STUDENT

Parent/Guardian Name(s) _____

Parent/Guardian Email(s) _____

Home Phone _____ Cell Phone(s) _____

Additional Contact Information? _____

Payment Information

FOCUS Policy is that payment of the Program Fee is due in full at the time of registration. If you need an exception, please contact the Programs Office (203-505-7522) to work out a deferred payment plan or your Area Staff to discuss scholarship.

Total Owed \$ _____ (Program Fee less any Scholarship received)

Select Payment Method: Enclosed is my check for the total amount (make check payable to **FOCUS**)
 I wish to pay the total owed in full using: Visa Mastercard American Express
 I've been approved for a scholarship in the amount of \$ _____ from _____

Credit Card Number _____ Exp. Date _____

Name as it appears on Card (please print) _____

By submitting this registration I agree to abide by all the guidelines set forth by my group leaders, and the FOCUS Study Center. I have read and understood the FOCUS policies and cancellation policy.

Student Signature _____ **Parent/Guardian Signature** _____