



2010 EXPERIMENT IN ARCHITECTURE APPLICATION FORM July 19-30, 2010

DUE: May 1, 2010

Please Type or Print Clearly.

Name: _____
Last *First*

Birth Date: _____ Gender: Male Female

Fall 2010 High School Class: Sophomore Junior Senior

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ E-mail address: _____

High School Name: _____

High School Address: _____
Street Address

_____ *City* *State* *ZIP Code*

Parent/Guardian Name: _____
Last *First*

Parent/Guardian Phone: () _____ Parent/Guardian E-mail Address: _____

Adult T-Shirt Size: S M L XL

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