



APPLICATION

Participant's Name: _____

Current School: _____ Current Grade: _____

Parent: _____ Phone #: _____
(In case of emergency)

E-mail: _____ Please add me to TEBC email list

Parent: _____ Phone #: _____
(In case of emergency)

E-mail: _____ Please add me to TEBC email list

Full Address: (The student's business plan will be mailed to this address)

Please select your 2010 Session:

\$759 (2) weeks: July 5 – 16 _____ July 19 - 30 _____ August 9 – 20 _____

\$429 (1) week: August 2 – 6 _____ August 23– 27 _____

WITHDRAWALS & REFUNDS: Our workshops are limited to 12 students to maximize their experience, so we depend on full enrollment to meet our budget. Once we process your payment, we cannot offer a refund if you decide to withdraw. We apologize for any inconvenience.

PARENTAL CONSENT

By signing below, you agree that have read, understand, and agree to the Teen Entrepreneur Boot Camp workshop refund policy

Permission is given for my child to be photographed, videotaped or otherwise recorded during workshops, and for any such photographs to be displayed by TEBC in any medium, whether now or hereafter known or developed.

Signature: _____ Date: _____

Students are accepted on a first-come, first-serve basis. A space will be reserved once the student's application is received, but is only confirmed once payment is made. Please make check to *Teen Entrepreneur Boot Camp*.

Applications can be emailed to pam@tebc.info or mailed to:

TEBC
c/o Pam Chmiel
145 Nassau Street, Suite 5E
New York, NY 10038