



## Program Registration Form

### CONTACT INFORMATION:

\_\_\_\_\_  
Name Contact

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Parents Email

(\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_) \_\_\_\_\_  
Cell Phone/ Emergency Contact Phone

### PARTICIPANT REGISTRATION:

\_\_\_\_\_  
Participant/ School/ Group Name

\_\_\_\_ Male \_\_\_ Female \_\_\_ Coed

\_\_\_\_\_  
Age Range

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Birth (if applicable)

\_\_\_\_\_  
Allergies or Disabilities

\_\_\_\_\_  
Participant/ School/ Group Name

\_\_\_\_ Male \_\_\_ Female \_\_\_ Coed

\_\_\_\_\_  
Age Range

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Birth (if applicable)

\_\_\_\_\_  
Allergies or Disabilities

**PROGRAM REGISTRATION:**

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Program(s) Name	Program Date(s)	Program Location
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Program(s) Name	Program Date(s)	Program Location
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**Previous Forensics 101 workshops**

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**Any additional information, notes or instructions?** \_\_\_\_\_

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You will receive an email confirmation within two business days.  
If you indicated that you would like to pay via credit card, a link to Paypal will be emailed to you.

If paying by check or money order, please submit payment to the following address.

Forensics 101 \* PO Box 681691 \* Charlotte, NC 28216  
(Please make checks or money orders payable to Forensics 101)

(Please note: Registration is complete until payment is received unless previous arrangements are made)

**Total Due \$** \_\_\_\_\_ **Promo Code** \_\_\_\_\_ **Payment Method** \_\_Check \_\_Credit Card

*I have read the Forensics 101 expectations agreement and agree to the terms. Online at [www.forensics101.org](http://www.forensics101.org)*

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**Signature**

**Date**

**Please Mail or Fax Registration Form to:**  
**Forensics 101 · PO Box 681691 · Charlotte, NC 28216 · Fax: (800) 279-3917**