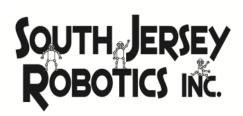


Form

Please Print Clearly Student Name:

Address:				
City:	State:	ZIP:		
Home Phone:	_			
Cell Phone:				
E-mail Address:				
Date of Birth:	(Month/Day/Year))		
School:				
Employer (if applicable):				
Grade:	Year of Graduation	1:		
Parent/Guardian Name:				
Parent/Guardian Cell Phone:				
Parent/Guardian Email:				
What is the best way to reach you:				
What is the best way to reach Parent/Guard				
Shirt Size:				
Dietary Restrictions:				
(Attach a separate paper if more space is needed.)				
How will you get to the meetings?	Parents	Carpool Needed		
Drive Self Other				
Have you been a past member of a South J	ersey Robotics team?			
If yes, when?				
Have you participated in any other FIRST				





Student Application Form Page 2

Friend			
What aspect of the team are you intere	ested in? [check all that apply] NOTE: This	will not lock you into a	
work area. We just want to know mor	e about areas you are interested in.		
Mechanical	Electrical Computer Animation		
Marketing/Public Relations	Software/Programming		
Other			
Do have any experience with: (check	all that apply).		
AutoCAD	Pneumatics		
3-D Studio Max	Electronics		
Computer Animation Software	Carpentry		
Machine Tools	R/C (radio con	R/C (radio controlled) hobbies	
Computer Programming	Robotics	Robotics	
Welding	Budget/Finance	Budget/Finance	
Web page design	Video producti	Video production	
Graphic design	FIRST LEGO	League	
Journalism	Fundraising		
Leadership positions (specify p	ositions)		
Student Signature:			
Date:			
Duto.			
Parent Signature			
- wivin organisiv.			
Date:			