Application

|  |  |
| --- | --- |
| Name |  |
|  | Please Print Clearly |
|  **School Contact Information** |
| School Name |  |
| Street Address |  |
| City |  |
| Zip Code |  |
| Phone |  |
| Email |  |
|  |
| **Summer Contact Information** |
| Street Address |  |
| City |  |
| Zip Code |  |
| Phone |  |
| Email |  |
|  |
| Classes and grade(s) you teach: |  |
|  |

Do you want lodging at BHSU? YES NO MAYBE

Will you be bringing a laptop? YES NO MAYBE

**DEADLINE FOR RECEIPT OF THIS APPLICATION IS March 12, 2012**

RETURN APPLICATION TO:

Peggy Norris

Deputy Director of Education, Sanford Underground Lab/BHSU

Phone: (605)-722-5049 Fax: (605) 722-8654

E-mail: pnorris@sanfordlab.org