CY-TAG & EXPLORATIONS 2012
Acceptance Form and Roommate Request

Student Name: _______________________
(Please Print Clearly)

Parent/Guardian: _______________________
(Please Print Clearly)

Please check one: 
____ CY-TAG
____ EXPLORATIONS

Adult T-Shirt Size: 
S M L XL XXL 3XL 
(Agent Sizes, Circle One)

CY-TAG & EXPLORATIONS Class(es):

________________________________
________________________________
________________________________

If you have a roommate preference, please indicate your request. (Note, your roommate must also request you as a roommate before a roommate match will be made.)

First Choice: __________________________________
________________________________

Second Choice: __________________________________
________________________________

Note: Please return this acceptance form by **June 1, 2012**. If we have not received this form **AND** your good faith deposit by this date, you will forfeit your space in the selected class(es).

I, _________________________, accept my position/space in the 2012 OPPTAG Summer Program.
(Print Student Name)

I, _________________________, shall be responsible for paying all applicable fees in exchange for my child’s participation in the OPPTAG Summer Program. I understand that the **good faith deposit is due no later than June 1, 2012**, and the **remaining balance is due at check-in**. If the balance is not paid at that time, I understand that ISU may deny my child’s participation in the 2012 OPPTAG Summer Program. If ISU opts to allow my child to participate despite the non-payment of the complete amount at check-in, I understand that ISU will continue to bill me, and that I am responsible for paying such bills in a timely manner. I further understand that I will be responsible for paying any finance charge imposed by ISU on unpaid bills and any collection costs and attorney’s fees should ISU refer my account for collection.

I also understand that the application fee of $35 is non-refundable. Once this Acceptance Form is signed and submitted, I understand that a $100 administrative fee will be retained for cancellations. If my student cancels **AFTER** June 1, 2012, or fails to check-in and attend camp, I am responsible for 100% of their application and tuition fees.

SIGNED _________________________
(Student Signature)

SIGNED _________________________
(Parent/Guardian Signature)

DATE _________________________

This form will be photocopied and shared with the CY-TAG and EXPLORATIONS instructor.

Return to OPPTAG, Iowa State University, 357 Carver Hall, Ames, IA 50011-2060, **BEFORE June 1, 2012**

You may fax your forms to 515-294-3505