

APPLICATION

One-week LEGO summer camp
___ July 31 to Aug 4

Cost: \$250 by July 1st or
\$275 *AFTER* July 1st

Adult T-shirt size: (circle choice)
(For week-long campers only)

S M L XL

I hereby release Merrimack School District and the MHS FIRST Robotics team from any and all claims and liability of any kind of personal injury or property damage while participating in the Lego camp or the one-day workshops. I clarify that my child is in good health and agree to inform of any medical and psychological conditions. If any attention is required for illness or injury, I _____

give permission to a staff member to obtain care as needed.

___ Check here to give permission to photograph or videotape your child while participating in camp activities and using images for news releases or promotional purposes.

Signed _____

Date _____

Sponsored by

MHS FIRST Robotics Team

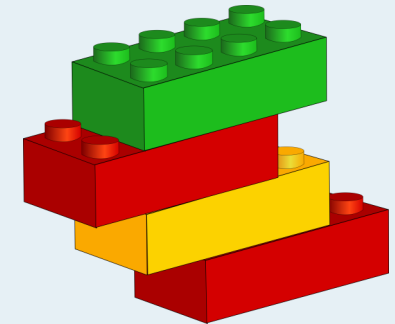


For further information, please
contact:

166.first@gmail.com

**Merrimack High School
FIRST Robotics Team**

**SUMMER
2017
LEGO
CAMP**



CHOP SHOP
MERRIMACK HIGH SCHOOL ROBOTICS

[HTTP://www.CHOPSHOP166.COM](http://www.CHOPSHOP166.COM)

2017 LEGO CAMP

When: July 31 to Aug 4

Time: 8:00 A.M. – 2:00 P.M.

Where: James Mastricola Upper
Elementary School
26 Baboosic Lake Road
Merrimack, NH 03054

Cost: \$250/camper or
\$275 If Registered *AFTER* July 1st

Details: Open to anyone ages 8-14!

One week of exploring how to build Lego
Robots to race against time and obstacles.
Learn how to use the Lego NXT Mindstorms
Kit.

Be creative!
Build racing robots!
Daily races lead up to a
***Grand Finale* race and**
obstacle course challenge!

What to bring:

Bagged Lunch

Water bottle

Lots of Spirit



Included for all campers:
T-shirt
Snack

Opportunity to see the MHS robot
in action!

Work with the MHS Robotics Team
"Chop Shop" (many are former
LEGO team members)

FUN, FUN, FUN

- ⇒ Four campers per group per kit
- ⇒ 1 counselor/group
- ⇒ Race Against Time
- ⇒ Daily Races
- ⇒ Grand Winner on Last Day
- ⇒ Obstacle Course Challenge
- ⇒ Science Activities
- ⇒ We train, no experience necessary

APPLICATION:

Name: _____

Age: ____ Birthdate: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Parent/Guardian: _____

Work #: _____

Emergency Contact/phone # _____

Medical Conditions: _____

Mail completed form and check made out to:

MHS FIRST Parent Group
c/o M. Petrovic
25 Pinewood Drive
Merrimack, NH 03054

For further information or if you would like to pay with a credit card please contact us @ 166.first@gmail.com