

RESERVATION FORM

I would like to sign up for Imagination High, July 21 through 26 at Cleveland State University. Please print clearly.

Writer's First & Last Name _____

Current Grade Level _____

Birthdate _____

Gender _____

Parent/Guardian First & Last Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

E-mail _____

Parent/Guardian Signature (Required) _____

METHOD OF PAYMENT Check (Payable to Cleveland State University) Visa Master Card Discover

*A deposit of \$65.00 is required at sign up. The remaining balance is due by Monday, July 16.

Credit Card Number _____

Security Code _____

Exp. Date _____

Signature _____



MAIL TO:

Imagination High
Division of Continuing Education
Cleveland State University
2121 Euclid Ave., CE 103
Cleveland, OH 44115-2214

For more information,
call (216) 687-2532 or (216)
687-4522. You can email us at
imagination@csuohio.edu
or visit our website at
www.csuohio.edu/imagination/
and click on Imagination High.

Just fill out the reservation
form and send it in.

