

GEMS in West Hawai'i (*Girls Exploring Math & Science*)

Career Exploration Workshops for Fifth Grade Girls

**Register
Before
Sept. 30**

When: Thursday, November 18, 2010 at the Keauhou Beach Resort in Kailua-Kona

Cost: The registration fee is \$20. Scholarships are available, and no girl will be turned away based on her family's inability to pay the registration fee. Please check one:

- I have enclosed the \$20 registration fee; *or*
- I have not enclosed the \$20 registration fee. My child is not able to participate unless she receives a scholarship

Would you like to sponsor an additional girl?

- Enclosed is \$____ (\$20 X ____ girl/s) to help additional girls whose families cannot afford the registration fee to attend GEMS.

To Register: Return this **GEMS** form and your check **payable to AAUW GEMS** to:

AAUW Kona - GEMS
P.O. Box 390487
Keauhou, HI 96739

Questions? Call Laurel or Karen at 322-4858 or
e-mail gemsreg@aauwkona.org

Admittance to GEMS is first come, first served, and registrations must be **postmarked by Sept. 30, 2010.**
Please send your form **DIRECTLY** to **GEMS**, not to your school.

Please provide the information requested below.

PRINT CLEARLY

Name _____
Last First

Mailing Address _____
Street Apt. Number

_____ City State Zip

Home Phone _____ E-Mail Address _____

School _____ Teacher _____

Breakfast, Lunch, and a GEMS T-shirt are included. Please indicate your choices:

T-SHIRT: Youth Size S M L XL OR Adult Size S M L XL XXL (Please circle one)

SACK LUNCH CHOICE: Peanut Butter & Jelly, Tuna or Veggie Wrap (Please circle one)
Sandwich Sandwich

WORKSHOP CHOICES: You will attend three different workshops during the day.

Pick your top six choices from the attached Workshop List. We will try to give you your first three choices, but space is limited. List workshops by number here:

1st Choice _____ **2nd** Choice _____ **3rd** Choice _____ **4th** Choice _____ **5th** Choice _____ **6th** Choice _____

(Please complete both sides)

GEMS Survey: If I could be anything I wanted when I grow up, I would be a:

FOR PARENTS or GUARDIANS

Please read and complete this section

EMERGENCY CONTACT PERSON for the day of the event, **November 18, 2010:**

Name _____ Daytime Phone _____

Relationship to student _____

PARENTAL APPROVAL and INDEMNIFICATION AGREEMENT: I give my permission for my daughter/ward to attend **GEMS**, and I agree that neither the AAUW-Kona Branch, the Hawaii State Department of Education, the University of Hawaii, associate sponsors, donors, volunteers, any individuals providing transportation, nor the Keauhou Beach Resort will be held responsible for any claims or liability arising out of my daughter's or ward's activities with **GEMS**.

NAME OF STUDENT _____
Last First

Parent/ Guardian Name (print) _____

Parent/ Guardian Signature _____ **Date** _____

*Note: a reporter may interview participants at **GEMS**. Your daughter/ward may be photographed or filmed as we document the event. These images may be published in media outlets or used by **GEMS** in published materials, including on our website, www.aauwkona/GEMS.*

TRANSPORTATION to and from **GEMS** is the responsibility of the parents/guardians of the attendees, and arrangements may vary from school to school. Your teachers will receive lists of attending students to help facilitate this process.

REFUND/SUBSTITUTION POLICY: no refunds will be given, except if your daughter/ward is not selected to attend **GEMS**. No substitutes or unregistered girls will be admitted.

Registration Deadline
Postmarked no later than Sept. 30, 2010

Mail Registration Form to:
AAUW Kona - GEMS, P.O. Box 390487, Keauhou, HI 96739