



Oklahoma Business Week First Time Participant Application

Student's Information

Student's name: _____ Birth date (m/d/y): _____ Male
First Middle Last Suffix Female

Mailing address: _____ Apt. #: _____ Parent Cell #: _____

City: _____ State: _____ ZIP: _____ Student cell #: _____

County: _____

High school: _____ Academic grade you will complete in May: _____

Do you require any special assistance? _____

Please list any dietary constraints: _____

Do you qualify for free/reduced lunches? _____

T-shirt size: Sm Med Lg XL 2XL 3XL

How or where did you hear about the Oklahoma Business Week Program? _____

Parent/Guardian Information

Parent/guardian #1: _____ <small>First Middle Last Suffix</small>	Parent/guardian #2: _____ <small>First Middle Last Suffix</small>
Relationship: _____	Relationship: _____
Home phone: _____	Home phone: _____
Place of employment: _____	Place of employment: _____
Work phone: _____	Work phone: _____
Cell phone: _____	Cell phone: _____
Email address: _____	Email address: _____

Student Email Address

Please provide an email address that will be checked regularly and will not be changed until after August. All correspondence and acceptance materials will be emailed directly to this address. Student email address: _____

Registration Fees

No fees are due at the time of application. All applications are reviewed upon receipt by the Oklahoma Business Week Executive Committee for selection of camp attendance. Registration fees for attendance apply upon acceptance to camp with total cost as indicated by date applications are received. Applicants will be notified via electronic mail regarding their selection status. Campers selected to attend Oklahoma Business Week will be asked to remit payment within three weeks of acceptance to the program.

Early registration (on or before March 1) = \$150 Regular registration (on or before April 1) = \$175 Late registration (after April 2) = \$200

*Includes meals, lodging and program materials

Preferred method of contact

How do you prefer to be contacted regarding information about Oklahoma Business Week?

Call Preferred number: _____ Text Preferred number: _____
 Email Preferred account: _____

Acceptance

After review of your application, you will be notified by email of your acceptance status. If accepted, you will receive additional registration information.

If accepted, I agree to make a sincere effort to push myself and grow during the week.

I give my support and permission for my student to attend the Oklahoma Business Week program.

Student signature

Date

Parent signature

Date

Things to Include:

- **Student evaluation provided by a teacher, counselor or principal**
- **Photo of student**
- **Student questionnaire**
- **Liability form**

Return Completed Applications To: Oklahoma Business Week
1100 East 14th Street, PMB E-7
Ada, OK 74820

FAX: 580-559-5709

sbolin@ecok.edu



Parental Consent /Liability Release Form

PLEASE PRINT

Student's name: _____
First Middle Last Suffix

Parent/guardian: _____
First Middle Last Suffix

I believe that my child is physically and mentally capable of participating in the Oklahoma Business Week Program. Furthermore, I agree to indemnify and hold harmless all personnel (including consultants) participating in or associated in any manner with this event from any claims of damages, liabilities, injury, expense or loss occurring from the activities of travel associated with the Oklahoma Business Week.

In case of accident or need of emergency medical attention I give permission to the Oklahoma Business Week staff to take my child to a doctor and/or emergency facility of their choice. It is understood that all expenses for treatment provided will be borne by the parent, guardian or child.

Furthermore, I give my permission for my child to travel with the staff and other participants to and from the official events of the Oklahoma Business Week trip without my supervision.

My permission is granted to the Oklahoma Business Week, its agents, or employees to photograph, record, film and videotape my child for future promotion of the Oklahoma Business Week.

I understand that by signing this Parental Consent form, I am authorized and have legal authority to consent on behalf of the above-named minor child.

Parent or guardian signature

Date

Witness

Student Evaluation

Must be completed by teacher, principal, or guidance counselor.

Student name: _____
First
Middle
Last
Suffix

School year completed by June: Freshman Sophomore Junior Senior
 Current class ranking: # _____ of _____ students. Current grade point average: _____
 Does the applicant have a need for financial assistance to attend Oklahoma Business Week?
 Yes No

Please rate student from 1 to 5 with number 5 being the highest. Check appropriate number.

	Low				High
	1	2	3	4	5
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

- I **RECOMMEND** this student to Oklahoma Business Week and will encourage him/her to make every effort to attend the program and be a productive participant.
- I **RECOMMEND WITH RESERVATIONS** this student to Oklahoma Business Week.
- I **DO NOT RECOMMEND** this student to Oklahoma Business Week.

Student's principal/teacher/guidance counselor:

Print name: _____

Date: _____

Signature: _____

Email: _____

Please return completed evaluation to Dr. Stacey Bolin via email at info@okbusweek.com, via fax (580)!559-5709 or mail at 1100 E. 14th Street, PMB E-7, Ada, Oklahoma 74820-6999



Name: _____

Student Questionnaire

Please limit responses to space provided.

1. Please list any work experience and/or participation in extracurricular activities.

2. If your experience is limited, please explain why.

3. Why would you like to attend Oklahoma Business Week?

4. What experience or skills do you offer a team?

5. What do you hope to gain from attending Oklahoma Business Week?
