

# LOGAN UNIVERSITY

## A.C.E.S. Workshop Information Sheet

Please return this document to [Kristen.Keele@logan.edu](mailto:Kristen.Keele@logan.edu)

Participant's Name:

Participant's Address:

Participant's Email:

Participant's Cell Number:

Gender:

Grade level as of Fall 2017:

Participant's School:

Shirt Size:

Parent/Legal Guardian's Name:

Parent/Legal Guardian's Email:

Parent/Legal Guardian's Cell Phone Number: