



Robotics Education Center

Registration Form
WINTER 2008

Please print this form, fill it out and mail it along with credit card information or a check.
You can also return it via FAX with credit card information.

ROBOTICS CLASSES FOR YOUNG PEOPLE

Lego robotics

Design and build autonomous robots with LEGO Mindstorms NXT technology and then program your 'bot with increasingly sophisticated RoboLab or Mindstorms NXT software.

Girls and boys will receive individual attention to help you learn what you need to know whether you are new to Mindstorms or have experience and want to take your building and programming skills to the next level.

Ages 9-16. Limit 10 students per class.

Times	Dates	Fee x #students = Total
<u>Saturdays</u>		
12:30 – 2:30 pm	February 23, March 1,8,15,22	\$140 ___ \$ _____
3:00 – 5:00 pm	February 23, March 1,8,15,22	\$140 ___ \$ _____
<u>Sundays</u>		
12:30 – 2:30 pm	February 24, March 2,9,16,23	\$140 ___ \$ _____
3:00 – 5:00 pm	February 24, March 2,9,16,23	\$140 ___ \$ _____

ROBOTICS CLASSES FOR ADULTS

Coaching LEGO League

Learn how to organize and manage a team while simultaneously developing LEGO engineering and programming skills. Limit 12 students per class.

<u>Thursdays</u>		
6:30 – 8:30 pm	April 17,24, May 1,8,15,22	\$150 ___ \$ _____

I would like to make a tax-deductible contribution to the Leonardo's Basement Scholarship Fund. \$ _____

TOTAL DUE \$ _____

Make check payable to Leonardo's Basement and mail to: 4301 Nicollet Avenue S., Minneapolis MN 55409
or send via FAX to 612.822.3515.

Credit Card No. _____ Expiration date _____

Name on card _____ CCVN (three digits after signature) _____

Student name _____ Age _____ School name _____

Student name _____ Age _____ School name _____

Parent / Guardian _____ Email address _____

Tele (h) _____ (cell) _____ (w) _____

Address _____ City _____ Zip _____

Parent / Guardian _____ Email address _____

Tele (h) _____ (cell) _____ (w) _____

Address _____ City _____ Zip _____

If parent can't be reached, call _____ Relationship _____ Phone _____

Physician's name and phone _____ Allergies, medications or conditions _____

I authorize staff at Leonardo's Basement to give my child first aid and to transport my child to a health care facility if emergency medical treatment is needed.

Signature of parent or guardian _____ Date _____