



# Steinert Robotics

Steinert High School East  
2900 Klockner Road  
Hamilton, NJ 08690

## Steinert Robotics 2180 Zero Gravity Membership Form

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Information:

_____		_____	
(First Name)	(Last Name)		
_____		_____	_____
(Street Address)		(City)	(State) (Zip)

Student Email \_\_\_\_\_

(\*\*\*DO NOT PROVIDE SCHOOL EMAIL\*\*\*)

Shirt Size: S M L XL XXL

Guardian's name: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_ cell home work

Secondary Phone#: \_\_\_\_\_ cell home work

Emergency Contact Name/Relationship/Phone number:

\_\_\_\_\_

Please List all email addresses you wish to put on the Robotics email list:

Name: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ email: \_\_\_\_\_

FEE \$75.00 /Form of Payment: CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

(If you'd like to be put on a payment plan, or if there is a financial hardship situation, please speak to one of the SHRPA Board Members. Please note that this membership fee is non-refundable)

\*\*\*Please make checks payable to: SHRPA (Steinert High Robotics Parents Assoc.)\*\*\*

Please Return Form to E-board Committee or place in the Club Drop Box in Mr. Kohler's Room