



P.O. Box 610385  
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## Talented TENTH ~ 2020 Summer Extension Program

We are so excited to be able to offer a program that will allow you to explore some of the many opportunities that will be open to you in your future!

Please help us by choosing those areas that are of most interest to you. You may choose up to four options from each category. Thank You!

### Exposure

- Accounting/Finances
- Car Care/Automotive
- Computers & Coding
- Dental Hygiene
- Education/Teacher
- Electrical
- EMS/Paramedic
- Entrepreneurism
- Fire & Safety
- Hospital/Medical
- Manufacturing
- Power Tools
- Software Development
- Welding

### Electives

- Archery
- Choir
- Foraging
- Gov./City Council
- Home Economics
- Kayaking
- Music & Beats
- Performing Arts
- Sewing
- Video Editing
- Visual Arts

### Summer Jobs

- Blight Busting
- Concession Stand
- Donor Relations
- Dream Camp
- Lawn Care
- Office/Clerical
- Outreach Internship
- Parks & Recreation
- Performing Arts
- Social Media

### Community Service

- Master Gardeners
- Painting
- PH Edge Out
- Rake & Run
- Senior Help
- Soup Kitchen

Students Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Students Email: \_\_\_\_\_ Students Cell: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student allergies/medical conditions: \_\_\_\_\_

\_\_\_\_\_ Ethnicity: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Print - Parents Name: \_\_\_\_\_ Parents Cell: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Best time to call? AM / PM

My child has my permission to attend the SONS Talented TENTH Summer Extension Program and travel with them to all designated field trips or worksites. I understand the arrangements and give permission for my child to participate. I also agree to indemnify and hold harmless the sponsoring institute of SONS Outreach, or any partnering organizations and their staff members, connected to this program; along with their sponsors from liability arising from any accident, injury or illness occurring during this program or trips. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility among organization, student and home. This does not include gross negligence on the part of those mentioned above.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns, please contact:  
 Mr. Burrell, Exec. Director @ (810) 334-6710