## My Skills Career Exploration Application

My Skills Exploration is a 3 day event scheduled to occur August 7-9, 2018. Registration is Free and completion of this form will reserve your spot.

Student Name:			
Address:			
Phone #:	Email:		
Please circle your preferred me	thod of contact: Text, Phone	e call, Facebook, email	
What school will you be attendi What grade will you be in?	ng fall 2018?		
Have you ever done a Career Cr	uising assessment?		
Do you have any dietary restrict	tions or allergies?		
Parent/Guardian Name:	Facili		
Phone #: Please circle your preferred me	Email: thod of contact: Text, Phone	e call, Facebook, email	
1	(Parent Name) give my	permission for my child to participate in the M	1.,
Skills Career Exploration event t	to be held on August 7, 8, 9, High School each day.  I also	2018. I understand that I will need to arrange understand that my student will be traveling	9
Parent/Guardian Signature:		Date:	

Send application and any questions to: Tasha Hagberg Northwest Wisconsin CEP

(715) 635-2175 or thagberg@nwcep.org



