



Plug In Institute of Contemporary Art
Interpreting [Interrupting] Youth | Registration Form

Name: _____ Age: _____

School: _____

Grade/Program: _____

Phone#: _____ Cell? Y/N • Home? Y/N • Other _____

Email: _____

How did you find out about the program? If someone referred you, please indicate who/where.

Specific Areas of interest: _____

<If under 18>

Name of Parent or Guardian: _____

Contact information: _____

Registration forms can be emailed to: sarah@plugin.org