

All fields marked with an \* are required.

# Utility Registration - 1<sup>st</sup> Year Camp

## Apprentice Information

\*Full Name: \_\_\_\_\_ \*D.O.B.: \_\_\_\_\_  
Last First M.I. MM/DD/YYYY

\*Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

\*Phone: \_\_\_\_\_ \*Email \_\_\_\_\_

\*RSI Year: 1<sup>st</sup> Year \*Social Security No.: \_\_\_\_\_

Apprentice Registration #: \_\_\_\_\_ Union Member # (if applicable) \_\_\_\_\_

Session Requested: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

**2024 Camp Session Dates** – Please review the options below and then note your first and second choices.

- Session 01:  
01/08-01/17
- Session 02:  
01/22-01/31
- Session 03:  
02/05-02/14
- Session 04:  
02/19-02/28
- Session 05:  
03/04-03/13
- Session 06:  
03/18-03/27

## Utility Contact Information

Utility Name: \_\_\_\_\_

### Primary Point of Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Billing

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Delivery for Invoices (Please check one):  Email Delivery  Mail a Hard Copy

### FOR OFFICE USE ONLY

DATE/TIME RECEIVED: \_\_\_\_\_ BILLING DATE: \_\_\_\_\_

Year 1  Year 2  Year 3 NEXT BILLING DATE: \_\_\_\_\_

Notes: \_\_\_\_\_

**EMAIL COMPLETED FORMS TO REGISTRATIONS2023@NWLINEJATC.COM**