



## NIGERIAN GEEK GIRLS COLLABORATIVE CAMP 2014 RECOMMENDATION FORM

Applicant's Name \_\_\_\_\_

### PARENT/GUARDIAN'S DECLARATION

I declare that the details on this form are true and correct. I give my consent for the person named on this registration form to participate in all camp activities, on and off site, and agree that they will abide by camp rules. I authorize the Camp Organizers to use any photos or videos taken during camp for publicity purposes if required. I agree by signing my signature below

20) Parent or Guardian's Name: \_\_\_\_\_

21) Phone: \_\_\_\_\_

22) Email: \_\_\_\_\_

23) Signature & date \_\_\_\_\_

### TEACHER/SCHOOL ADMINISTRATOR'S RECOMMENDATION

24) Name of Teacher/Administrator \_\_\_\_\_

25) Phone number \_\_\_\_\_

26) Email: \_\_\_\_\_

27) Rank/position \_\_\_\_\_

28) Signature and date: \_\_\_\_\_

Completed recommendation form should be submitted to Dr Y. Folajimi, Department of Computer Science, University of Ibadan  
Phone: 08056648530, email:y.folajimi@ui.edu.ng, yetunde\_folajimi@yahoo.com