



# ENERGY EDUCATORS INSTITUTE

PLEASE PRINT - Deadline: \*March 22, 2024

## Participant Information - All information on application must be completed for applicant to be considered.

Date: \_\_\_\_\_

Name (First MI Last): \_\_\_\_\_

Name Preferred on Name Tag: \_\_\_\_\_

Mailing Address - Line 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_ (required for class participation)

Gender:  Male  Female T-Shirt Size: \_\_\_\_\_ (required)

## Accommodation Information - all facilities are non-smoking and rooms are double occupancy

Roommate Preference: \_\_\_\_\_

Please list dietary/medical restrictions: \_\_\_\_\_

Have you attended the Energy Educators Institute before?  Yes If yes, what year did you attend: \_\_\_\_\_  
 No

Indicate 1st, 2nd and 3rd choices for residential stay at Wampee Conference Center: \_\_\_\_\_ \*July 9-12, 2024 \_\_\_\_\_ \*July 16-19, 2024 \_\_\_\_\_ \*July 23-26, 2024  
 \* Please note: If a session is not filled it will be canceled.

## School Information - PLEASE PRINT

Name of School: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

School City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Subject(s) Area: \_\_\_\_\_

Telephone (include area code): \_\_\_\_\_ Ext.: \_\_\_\_\_

E-Mail Address (school): \_\_\_\_\_

## Requirements and Fees

I have included my \$100 fee (Check ONLY) which is made payable to: Santee Cooper-EEI. I understand that once accepted, I will not receive a refund if I choose to cancel. My fee will be deposited if I am accepted into the program after April 1st and will not be refunded if I am accepted.

Signature: \_\_\_\_\_

I understand that this course requires that I take tours on foot, paddle a canoe, and climb stairs. I understand that I must fully participate in all of these field experiences in order to receive credit for this course.

Signature: \_\_\_\_\_

I am certified by the South Carolina Department of Education as a teacher, administrator, or guidance counselor.

Signature: \_\_\_\_\_

Please mail completed application and check by \*March 22 to:

Manager of Community Relations  
Santee Cooper  
305-A Gardner Lacy Road  
Myrtle Beach, SC 29579  
Phone: (843) 347-3399 Ext. 3030