



# 2020 Summer Camp Registration Form



All camps run from 8:30am to 4pm each day.

**\$135 per student; \$110 per museum member**  
**May 26-29 camp - \$108 per student; \$88 per member**  
**August 3-5 camp - \$81 per student; \$61 per member**

Please bring two snacks, a lunch and a water bottle to camp daily.

Deadline to register is one week prior to the start of each camp.

Please mark your camp choices

Ages 5-10 years

- May 26-29: Wild West
- June 1-5: Island Explorers
- June 22-26: Penguins & Polar Bears
- July 13-17: Shark Safari
- July 27-31: Dino Days
- August 3-5: Buggin' Out

Ages 10-13 years

- June 15-19: Adventureland
- July 6-10: Science Explosion

Student's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Age as of May 15, 2020: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Boy  Girl

Parents'/Guardians' full names: \_\_\_\_\_

Daytime phone numbers: \_\_\_\_\_

For emergencies, if the Program Coordinators are unable to reach the family, call:

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

Relationship to student: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

If you are unable to pick up your child, please list all those authorized for pick up. (Picture ID will be required.)

**Please note:** The Museum will only release the student to the above named individuals, unless written notice is given and signed by the parent or guardian. All students must be picked up *promptly* each day at the end of camp. We reserve the right to charge a \$25 fee each 15 minutes you are late.

**To register:** Send a completed registration form, completed medical form, and payment for the full amount (per student) to the International Wildlife Museum. In the event you need to cancel, please notify the Museum at least two weeks prior to the program. Your camp fees will be refunded.

Photographs taken of participants while at the International Wildlife Museum may be used for publicity purposes, such as printed materials, the Museum's and SCIF's website and social media sites to further the aims of the Museum and SCIF.

I agree to the terms of enrollment and give permission for my child to participate in all program activities. Enclosed is my payment for the full amount. Checks can be made payable to the **International Wildlife Museum**.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form of Payment (please circle): Cash Check # \_\_\_\_\_  
MC VI AE # \_\_\_\_\_ Exp. \_\_\_\_\_

Total Amount \$ \_\_\_\_\_ CVC \_\_\_\_\_

