



Camp Imagination 2008 Spring Registration Form

April 21-25, 9 am to 4 pm

The Imagine Nation Museum offers an exciting 5-day accredited camp program during the school vacation week of Apr. 21 to 25. We blend activities in science, art, culture, music and more all in the safe and educational environment of our children's museum!

Camper information :

Child's Name (First, Last)	Age	Birth date	Grade	Gender (circle)
1. _____	_____	_____	_____	Boy Girl
2. _____	_____	_____	_____	Boy Girl
3. _____	_____	_____	_____	Boy Girl

Child's Address :

Street	City	State	Zip
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Parent / Contact information :

Parent/Guardian Name	Relation	Home Phone	Work Phone	Cell Phone
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Parent/Guardian Name	Relation	Home Phone	Work Phone	Cell Phone
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Additional Emergency Contact	Relation	Home Phone	Work Phone	Cell Phone
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The above individuals will be authorized to pick up your child from our program. To add or remove authorized individuals to your pickup list, please fill out a Camp Authorized Pickup form.

Program Fees :

Fees include all general camp activities, presentations, pool time, field trip and snacks. Please have campers bring their lunch each day Monday to Thursday. There is an optional special lunch on Friday.

		Fee	
___ Full Week : 5 days (M to F)	no. campers: ___ x	\$195.00	= ___
___ Partial Week : 3 days (M-W-F)	no. campers: ___ x	\$130.00	= ___
___ Partial Week : 2 days (T-Th)	no. campers: ___ x	\$95.00	= ___
Subtotal \$			___

A deposit of \$50 must be included at the time of registration in order to confirm your registration. The balance payment for the program is due by the start of the program. Except for cancellations due to insufficient registration, refunds cannot be granted after the program begins.

Payment :

___ Check Check No. _____ (Checks payable to: "Imagine Nation Museum")

___ Credit Card MC Visa _____ Exp _____

Cardholder Signature (required) _____