



Camp Imagination

Summer 2011 Registration Form

Camper information:

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

Address

Street	City	State	Zip
--------	------	-------	-----

Contact information:

Parent/Guardian Name	Relation	Home Phone	Work Phone	Cell Phone
----------------------	----------	------------	------------	------------

Parent/Guardian Name	Relation	Home Phone	Work Phone	Cell Phone
----------------------	----------	------------	------------	------------

Emergency Contact	Relation	Home Phone	Work Phone	Cell Phone
-------------------	----------	------------	------------	------------

Program Fees: (camp activities, presentations, field trips and one snack per day are included)

	INM Members	Non-members	
	Regular/Extended	Regular/Extended	Circle weeks attending
M-F	\$200/\$225	\$220/\$250	1 2 3 4 5 6 7 8
4 Day	\$175/\$195	\$190/\$215	1 2 3 4 5 6 7 8
M/W/F	\$140/\$155	\$150/\$170	1 2 3 4 5 6 7 8
T/TH	\$100/\$110	\$105/\$120	1 2 3 4 5 6 7 8

Circle the weekly rate that applies.

Member ID # _____ (must be included to qualify for member rates)

Total Program Cost: No. campers: _____ x no. weeks: _____ x weekly rate _____ = \$ _____

Registration Fee: No. campers: _____ x \$50 = \$ _____

Weekly Deposit: No. campers: _____ x no. weeks: _____ x \$25 = \$ _____

Total Due* \$ _____

*The \$25 deposit/wk/child plus the non-refundable registration fee of \$50 are payable at the time of registration. One camp shirt/child is included with the registration fee.

Please circle size(s): Youth S(5-6) M(7-8) L(8-10) Adult S (10-12) M(12-14)

After receipt of your registration a tuition agreement will be mailed to you.

Payments:

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

Credit Card: MC _____ Visa _____ # _____ Exp. _____

Cardholder Signature (required) _____ Date _____

Received by _____