

2012 Summer Camp Registration

Complete one form per camper. Become a member to save on all camps and receive priority registration!

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|----------------------|------------------------|-------------------------|-----------------------|
| Camper's Last Name | First Name | Date of Birth | Fall 2012 Grade Level |
| Address | | City | State Zip Code |
| Parent/Guardian Name | Relationship to Camper | Email (required) | Phone Number |
| Emergency Contact | Relationship to Camper | Phone Number | Other Contact Info |

| | | | | |
|---|------|-------|------------------------------------|--|
| Camp Title | Date | Price | <input type="checkbox"/> SCI Lunch | <input type="checkbox"/> SCI Vegetarian Lunch (\$25 per week) (\$20 for July 2) |
| Extended Care (Circle each session desired @ \$8 per session) M: am/pm T: am/pm W: am/pm Th: am/pm F: am/pm | | | | |

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Check Enclosed (payable to Science Center of Iowa Summer Camp) Credit or Debit

Print Name (as it appears on card) _____ Visa MasterCard Discover AmEx
 Card # _____ VIN _____ Expiration _____ Signature _____

Camp Sessions Total \$ _____ Extended Care Total \$ _____ Lunch Total \$ _____

T-shirt quantity _____ @ \$8 each: Total \$ _____

T-shirt size(s): Youth S M L XL Adult S M L XL

I believe the summer camp experience is important for ALL children and would like to contribute to SCI's Accessibility Fund: \$25 \$50 \$75 \$100 \$ _____

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|---------------------------------------|
| Total Amount Enclosed \$ _____ |
|---------------------------------------|

Please register with payment in full at least two weeks prior to each camp session start date. You will receive email confirmation after payment is processed. Refund requests made at least two weeks prior to each session's start date will be granted, minus a \$50 cancellation fee for full-day camp and \$25 for half-day. If I make a refund request with less than two weeks' notice, it will not be granted but credit will be allowed for other 2012 summer camp offerings.



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DOME THEATER