

# SCI CAMP REGISTRATION

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

Camper's Last Name	Camper's First Name	Date of Birth	Fall 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 (\$6 per day)
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Extended Care \$8 per session (please circle):      M: am | pm      T: am | pm      W: am | pm      R: am | pm      F: am | pm

## PAYMENT METHOD

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 \$ \_\_\_\_\_

Is your child attending an entire day of camp?     Yes     No    If yes, please circle their shirt size below:

T-shirt size(s):    Youth    XS    S    M    L    XL                      Adult    XS    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     \$ \_\_\_\_\_

**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. Refund requests with less than two weeks' notice will not be granted, but credit will be allowed future camp offerings.



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DOME THEATER