



# Camp Imagination

## Summer 2010 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 :

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Street	City	State	Zip
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### Contact information :

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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, field trip and snacks. Please have campers bring their lunch each day. There is an optional special lunch on Friday\*.

Full Week : 5 days (M - F) no. campers: \_\_\_ x no. weeks: \_\_\_ x \$215.00 = \_\_\_\_\_

Partial Week : 3 days (M-W-F) no. campers: \_\_\_ x no. weeks: \_\_\_ x \$150.00 = \_\_\_\_\_

Partial Week : 2 days (T-Th) no. campers: \_\_\_ x no. weeks: \_\_\_ x \$105.00 = \_\_\_\_\_

**Subtotal \$** \_\_\_\_\_

**Member ID #** \_\_\_\_\_ **10% Member Discount \$** \_\_\_\_\_

Registration Fee no. campers: \_\_\_ x no. weeks: \_\_\_ x \$15.00 = \_\_\_\_\_

Friday Lunch no. campers: \_\_\_ x no. weeks: \_\_\_ x \$ 5.50 = \_\_\_\_\_

Extended Camp (balance from completed form) = \_\_\_\_\_

**Total \$** \_\_\_\_\_

**Deposit \$** \_\_\_\_\_

**Balance Due \$** \_\_\_\_\_

A non-refundable deposit of \$50 must be included at the time of registration.

The balance due must be paid two (2) weeks prior to the time your child attends the program. Except for cancellations due to insufficient registration, refunds will only be granted up to five (5) days prior to the start of any camp week.

\*Special Friday Lunch includes: one main dish (Kraft Easy Mac, Uncrustables PB&J or chicken nuggets), a drink box (100% juice, whole or chocolate milk), a Smartfood snack bag and a single scoop ice cream treat.

### Payment :

\_\_\_ Check No. \_\_\_\_\_ (Checks payable to: "Imagine Nation Museum")

\_\_\_ Credit Card MC Visa \_\_\_\_\_ Exp \_\_\_\_\_

Cardholder Signature (required) \_\_\_\_\_ Date \_\_\_\_\_