

Passport to Summer Camp Discovery

Summer 2010 Day Camp Program
Discovery Science Place
REGISTRATION



Child's name _____ Birth Date _____

Parent's name _____ Member # _____

Address _____ City _____ State _____ Zip _____

Email _____

Contact number _____ Alternate number _____

Emergency contact _____ Emergency number _____

Full-week camp sessions

____ ½ day, \$75.00 ____ Full day, \$150 ____ check if Member (10% discount)

____ Camp T-shirt, \$10 Youth Size: (circle one) XS S M L

Requested Camp Week _____ Requested Camp Session _____

Requested Camp Week _____ Requested Camp Session _____

Requested Camp Week _____ Requested Camp Session _____

Requested Camp Week _____ Requested Camp Session _____

Payment

____ Enclosed is my check for \$ _____ made payable to Discovery Science Place

____ Charge \$ _____ to (name) _____

__ Visa __ MasterCard __ Discover Card number _____

Expiration Date _____ Security Code _____ Billing Zip Code _____

Questions? Visit discoveryscienceplace.org and click on *Camps* or call Angela at (903) 533-8011 ext.33

Mail completed registration form and waiver to: Discovery Science Place, ATTN: Summer Camp, 308 N. Broadway, Tyler TX 75702 or fax completed registration and waiver to (903) 533-0159.