2017 Summer Camp Registration

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

Camper's Last Name	First Name	Date of Birth	Fall 2017 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 *Purchase of SCI lunch is requ	Date Price uired for full-day Pre-K/Kinderga	<u> </u>	ian Lunch (\$30 per week) (\$24 for July 4)
Extended Care (Circle each se	ession desired @ \$8 per session	n) M: am/pm T: am/pm W: am/p	om Th: am/pm F: am/pm
Camp Title	Date Price	e □ SCI Lunch □ SCI Vegetari	ian Lunch (\$30 per week) (\$24 for July 4)
Extended Care (Circle each se	ession desired @ \$8 per session	n) M: am/pm T: am/pm W: am/ _l	om Th: am/pm F: am/pm
□ Check Enclosed (payable to Science Center of Iowa Summer Camp) □ Credit or Debit			
Print Name (as it appears on c	ard)	□ Visa □ MasterCar	rd □ Discover □ AmEx
Card #	VIN E	Expiration Signature	
Camp Sessions Total \$	Extended Care To	tal \$ Lunch To	tal \$
Is your child attending an entire	e 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 Enclose	d \$	

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 2017 summer camp offerings.

