

Science Camps–2009 REGISTRATION FORM

Name: _____
Last Name (of Student/ students) Parent's First & Last (if different from students)

Address: _____
Street City, State, Zip Code

Family E-Mail: _____ Phone: _____

Emergency Contact Person: _____ Cell: _____

Emergency Phone Number: _____ Alt. number: _____

***Fill out registration forms below – 1 box per student
Indicate Grade for 2009-2010 School Year
List current age***

Student's First & Last Name: _____ Grade _____ Age _____

___ Week 1 June 1-4 "CSI Memphis" 9 AM – 12 PM or 1 PM – 4 PM

___ Week 2 June 8-11 "Earth, Sky, & Reasons Why" 9 AM – 12 PM or 1 PM – 4 PM

___ Week 3 June 15-18 "Fun with Physics" 9 AM – 12 PM or 1 PM – 4 PM

___ Health Issues (allergies, medications, illnesses) _____

___ Carpool with which family (if applicable) _____

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Fee Summary

*Register by	1 CAMP	2 CAMPS	3 CAMPS
May 1 - May 15	\$85 Save \$5	\$159 Save > \$20	\$229 Save > \$40
After May 15	\$90	\$170 Save > \$10	\$250 Save > \$20

Student 1 _____

Student 2 _____

TOTAL \$ _____

*Discount per student.
Not combined with other students.

Parent's Signature: _____ date: _____

Please note: Classes will be filled on a first-come, first serve basis. Registration fees are due at the time of registration. The fee cannot be refunded after 5/15/09. Instructor may cancel classes and refund entire amount if a minimum class size of seven (7) is not met.

MAIL REGISTRATION FORM, MEDICAL WAIVER & PAYMENT TO:

Patti Jelinek
6663 Spencer Forrest Cove West
Memphis, TN 38141