



Come Face to Face with the World

<i>For Office Use only:</i> Received: _____ Mailed: _____ Information sent: _____
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Summer Camp 2011 - Registration Form

***(Please read carefully to make sure that all information is correct.
A separate registration form must be completed for each participant)***

Participant Information

Participant's Last Name: _____ First Name: _____

Parent/Legal Guardian's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home () _____ Work () _____ Cell/Pager () _____

Sex of Child: Male Female

Age of Child: (Minimum Age is 6) _____ Date of Birth: Month _____ Date _____ Year _____

Are you a Member of the Bowers Museum Yes No

If so, please list your Membership number and expiration date

Membership No. _____ Expiration Date _____

If you wish to renew or begin a new membership please call (714) 480-1520

Photographs of camp participants may be taken for publicity purposes. Do you give permission for photographs of your child to be taken?

Yes No

Please read all registration information before completing.

Please make your registration choices from the following selection:

(Check all of your choices)

<u>Camp</u>	<u>Date</u>	Early drop off 8:30 to 9:00 am Late pickup up 3:00- 5:00 pm	<u>Camp Fee</u>
I. Japan : Land of the Rising Sun	June 20 – 24	am <input type="checkbox"/> pm <input type="checkbox"/>	
II. Egypt: Fearsome, Fascinating, Tombs of The Pharos with <u>Archaeological Dig.</u>	June 27 – July 1	am <input type="checkbox"/> pm <input type="checkbox"/>	
III. (closed on July 4) Island Fantasy: Indonesia, Polynesia & Micronesia	July 5 - 8	am <input type="checkbox"/> pm <input type="checkbox"/>	
IV. China : <u>Adventures in the Middle Kingdom with Archaeological Dig</u>	July 11 - 15	am <input type="checkbox"/> pm <input type="checkbox"/>	
V. <u>Art Techniques: Antics and Animation</u>	July 18 - 22	am <input type="checkbox"/> pm <input type="checkbox"/>	
VI. Mexico: The City of Palaces with <u>Archaeological Dig</u>	July 25 - 29	am <input type="checkbox"/> pm <input type="checkbox"/>	
VII. <u>Mostly Weird and Wonderful</u>	August 1- 5	am <input type="checkbox"/> pm <input type="checkbox"/>	
8. VIII. Greece: Ancient Cradle of Western Civilization with <u>Archaeological Dig</u>	August 8 - 12	am <input type="checkbox"/> pm <input type="checkbox"/>	
Total			

(Children enrolled in Extended Camp late pickup must **absolutely** be picked up between 5- 5:00pm. A late charge of \$10.00 will be assessed every 15 minutes past 5:00pm until your child is picked up. Payment in full of this late charge is required at the time you pick up your child).

Parents must provide a sack lunch and drink.

Pre-registration is required and camps are limited to 30 children per session.

To request a brochure call 714-480-1520 or visit the website www.bowers.org.

Cost of Camp Sessions:

\$160 per child (for members)

\$185.00 per child (for non-members)

\$ 85.00 per child per week (additional fee for extended camp hours from 8:30 - 9:00 a.m. or/and 5:00-5:00 p.m.)

Payment is required in full per child, per camp session at the time of registration.

Cancellations and Refunds

In light of the fact that the Bowers Kidseum has expended the time and other resources necessary to make this Summer Art Camp Program a rewarding and educational experience for the camp participants, the following refund policy shall apply:

- a) If a participant's registration is cancelled in writing thirty (30) days or more prior to the beginning of a camp session, a full refund of all fees paid to date will be refunded.
- b) If a participant's registration is cancelled in writing two-weeks prior to the beginning of a camp session, one-half of all fees paid to date will be refunded.
- c) If a participant's registration is cancelled less than two-weeks prior to the beginning of a camp session, no refund will be given at all for any reason.

All written requests for cancellation should be directed to the Bowers Kidseum.

Within two-weeks of receipt of such written notice of cancellation, Bowers will mail a check to the requesting party.

Payment Record

Check (Please make all checks payable to the Bowers Kidseum)
(A charge of \$25 will be assessed for all checks returned for non-sufficient funds).

Credit Card

Authorization: I hereby authorize you to charge my credit card in the amount of \$_____.

Card Type (check one): Visa MasterCard American Express

Name on Credit Card _____

Credit Card No. _____

Signature required: _____

Card Expiration Date: _____

PLEASE NOTE:

Your reservation is not guaranteed until you receive Confirmation of Registration.

I have thoroughly read and completed this Registration form and agree to all of its terms.

 Parent *or* Guardian (Check One)
Signature

Print Name

Date: _____