



Science Spectrum Camp Registration Form

Camp Information

Date Registered: _____ Employee: _____

Child's Name:			Circle one:
			Member or Non-Member
Age:		Birth Date:	
Class(es):			
Date(s):			
Time:			

Child Information

Allergies:	
Special Needs:	
Anything else we should know?	

Emergency Contacts

	Name:	Relationship:	Phone #:
1			
2			
3			

Additional Contact Info

Email Address:					
Street Address:					
City:		State:		Zip:	

Transaction Info

Transaction #:		ID #:	
Reservation Name:			