



SCHOOL'S OUT DISCOVERY CAMP

MAIL to: Group Sales, The Franklin Institute, 222 North 20th Street, Philadelphia, PA 19103-1194, FAX to: 215.448.1235.

A signed permission form must accompany your registration form in order to be processed.

Membership ID number (necessary to be eligible for member prices) _____

Parent name _____

Address _____ City _____ State _____ Zip _____

Weekday phone _____ Evening phone _____ E-mail _____

How did you hear about Discovery Camp? _____

If your child/children attended Discovery Camp in the 2010 calendar year and there are NO CHANGES to their medical information check here. You do not need to send in a Permission and Health Form.

1st child's name _____ Grade _____ Male Female

2nd child's name _____ Grade _____ Male Female

THEME

Robots
Gross Anatomy
Rocket Science
It's Just an Illusion
Science of Sweet

DATES

Monday, January 18
Monday, February 15
Monday, May 31
Monday, October 11
Thursday, November 11

ATTENDING

*Sessions with less than 10 kids may be cancelled and a full refund issued.

# of Children	Fee	Item
_____ x	\$ _____	1 day \$55 for members; \$60 for non-members
_____ x	\$ <u>115</u>	2 days
_____ x	\$ <u>170</u>	3 days
_____ x	\$ <u>225</u>	4 days
_____ x	\$ _____	early arrival: \$6/day
_____ x	\$ _____	extended departure: \$8/day
_____	\$ _____	Total fees

You MUST include your membership ID number above to take advantage of the member prices! Make all checks payable to The Franklin Institute. All fees are non-refundable.

Personal checks must be received at least two weeks before the session your child is attending. All fees must be paid in full with registration. Please note: There is a \$15 fee for returned checks.

Please check one: VISA MC AMEX DISC Check (enclosed)

Amount charged _____ Credit card # _____ Expiration date _____

Name of cardholder _____ Signature of cardholder _____

Last minute registrations will NOT be accepted on the first day of camp.