

# Discovery Camp Registration Contract

**Mail to:** Discovery Camp Registration  
 The Franklin Institute Science Museum  
 222 North 20th Street, Philadelphia, PA 19103-1194

**By fax:** 215.448.1219  
 If you have registration questions, call:  
 215.448.1286

O I am currently a member of The Franklin Institute. Membership ID No. (if applicable): \_\_\_\_\_  
 O My children have been to Discovery Camp before. If so, which year? \_\_\_\_\_

Parent/ Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Circle the dates that your child(ren) will attend and write their name(s) on the line to the right.**

2008 Themes	Circle Date	Name(s)	Gender
Discovery Days I	June 23 – June 27		
Hungry? The Science of Food	June 30 – July 11		
Playground Physics	July 14 – July 25		
A Pirate's Life For Me!	July 28 – August 8		
It's Not Easy Being Green	August 11 – August 22		
Discovery Days II	August 25 – August 29		

**Payment:** All fees must be paid in full with registration. Please fill in the appropriate fees. You **MUST** include membership ID number to take advantage of member prices. Make all checks payable to **The Franklin Institute**. All fees are non-refundable.

# of campers	Item	Fees
_____ x	\$300 ea. For Discovery Days I or II (5-day sessions)	\$ _____
_____ x	\$550 for members; \$605 for non-members per session =	\$ _____
_____ x	- \$25 when registering for Discovery Days <b>AND</b> a two-week session	- \$ _____
_____ x	\$1815 three-session Members' Special (\$190 savings)	\$ _____
_____ x	\$2420 four-session Members' Special (\$345 savings)	\$ _____
	Registration Fees subtotal =	\$ _____
_____ x	Early arrival (\$60/session (\$30 for Discovery Days I or II)	\$ _____
_____ x	Extended departure (\$80/session (\$40 for Discovery Days I or II)	\$ _____
_____ x	\$12.75 for entrance to the <i>Real Pirates</i> ( <b>ONLY for July 28- Aug 8</b> )	\$ _____
	<b>TOTAL FEES =</b>	<b>\$ _____</b>

Check  
  Visa  
  Master Card  
  American Express  
  Discover

Amount Charged:\$ \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**PLEASE TAKE A MOMENT TO MAIL OR FAX US YOUR HEALTH FORM AND LUNCH ORDER FORM (IF NEEDED)**

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