

# Spring Break Camp Registration Contract

**Mail to:** Spring Break Camp  
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 Name: \_\_\_\_\_

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

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

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

**Emergency Contact:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Weekday & Home Phones: \_\_\_\_\_

1) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

2) Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

2007 Themes	Circle Date	Name(s)
Making Sense of Senses	April 2 or 9	_____
Ben for a Day	April 3 or 10	_____
CSI at TFI	April 4 or 11	_____
Things that go Boom	April 5 or 12	_____
Gross Me Out	April 6 or 13	_____

## Payment

All fees must be paid in full with registration. Please fill in the appropriate fees.

# of

campers

\_\_\_\_\_ x \$65 per day for \_\_\_\_\_ day(s)

- \$ \_\_\_\_\_ Members deduct 10%

= \$ \_\_\_\_\_ Registration Fees

\_\_\_\_\_ x \$ \_\_\_\_\_ plus early arrival (\$6/day/child)

\_\_\_\_\_ x \$ \_\_\_\_\_ plus extended departure (\$8/day/child)  
= \$ \_\_\_\_\_ **TOTAL 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.**

Check    Visa    Master Card    American Express    Discover

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

[Back to Spring Break Camp](#)