

Registration Form

1. PERSONAL INFORMATION

Camper Name _____ Date of Birth _____
 Grade entering in fall of 2008 _____ Male Female
 Parent/Guardian Name _____ Day Phone _____
 Mailing Address _____ Work Phone _____
 City/State/ZIP _____ Cell Phone _____
 Email _____ Are you an ASC member? YES NO
 Member ID Number _____

EMERGENCY CONTACT Name _____ Phone _____

2. CAMP FEES

Camp Date	Camp FEE		EARLY CARE \$20	LATE CARE \$20	TOTAL
	MEMBER	NON MEMBER			
SUBTOTAL					

Mark your choices below. If you plan on becoming a member on this form, write in the camp fee for a member rate and add membership in Step 5.

- STEP 3** Write your camp fee subtotal in the box 3. 3 Camp Fee Subtotal _____
- STEP 4 BONUS** – If you pre-register one child for 3 weeks of weekly camps, you may subtract \$30 from the fee for the third week. Enter \$30 in box 4 and subtract from the subtotal. Write the new balance in Box A. 4 Pre-register Bonus _____
- STEP 5 MEMBERSHIP** – Join now to receive member discount.
 YES! **NO**
 ___ Family Deluxe - \$145 ___ Grandparent - \$85 ___ Military/Teacher Family - \$65
 ___ Family - \$90 ___ Single Parent - \$65 ___ Individual - \$55
 ___ MIG - \$20 each (limit two)
Check your choice and write the membership cost in box 5. Add to previous balance. Write new balance in Box B. A New Balance _____
- STEP 6 PAYMENT** – If your camp fees subtotal is greater than \$300, you may pay \$300 plus any membership fees now and the balance by June 1, 2009. Enter your payment in box 6. Subtract from Box B and enter Balance Due in Box C. 5 Membership Fee _____
- STEP 7 METHOD OF PAYMENT** – Fill out payment information and then go to Step 9. B New Balance _____
- I am paying by: CHECK VISA MASTERCARD DISCOVER 6 Your Payment _____
- Card Number _____ Expiration date _____ C Balance Due _____
- Signature _____ Due by 6/1/09

Please note:
Your spot is not reserved until payment is received.

STEP 8 A SIGNATURE IS REQUIRED IN THE FOLLOWING SECTIONS TO REGISTER

I understand and agree to abide by the policies of Adventure Science Center (ASC) regarding cancellations, returned checks, and deferred payments (if applicable). I understand that my child is expected to exhibit appropriate behavior and that ASC can choose to remove a camper that has difficulty adapting to the camp environment. Adventure Science Center is not responsible for loss of personal property. I give the Adventure Science Center permission to use photographs of my child for promotional purposes such as displays, marketing materials, and other publicity. Pictures will only be used by Adventure Science Center.

Signature _____ Date _____

Mail this form with payment to: **Adventure Science Center, 800 Fort Negley Blvd., Nashville, TN 37203.**
 For questions about programs and reservations call 615-862-5177. ASC FAX is 615-862-5178. Fax only on white paper.

Camper: