

Girls Can Do Anything! Dream Your Career

REGISTRATION FORM

Camper's Name: _____ Age: _____

Parent/Guardian Information

Please note: All registration materials and correspondence will be mailed to the address below.

Name Telephone Number

Mailing Address City Zip Code

E-mail Address (if available) Fax Number (if available)

Parent/Guardian Signature

Desired Summer Camp Date/s:

Please indicate below the session your camper will be attending.

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Cost: \$40.00/WEEK (lunch included)*

_____ Session: **July 18-22, 2011 [AGES 11 – 16]**
9:00 a.m.-1:30 p.m.

*** Limited need-based scholarships will be offered for each camp on a first come first serve basis. Scholarship recipients must attend all sessions. For more information contact Denita Powell Malvern at the number below.**

Please mail this registration form with payment to:
The Women's Museum: An Institute for the Future
3800 Parry Avenue
Dallas, TX 75226
Attn: *Education/ Summer Camp*
214.915.0890 – phone
214.915.0870 - fax
dpowell@thewomensmuseum.org

Registration Deadline: June 27, 2011

