

Adventures In Science Summer Camp

REGISTRATION FORM

Camper's Name: _____ Age: _____

Parent/Guardian Information

Please note- all registration materials and correspondences 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.

Adventures In Science Summer Camp

_____ Session 1: **June 7-11, 2010** [AGES 10 – 12]
9:30 a.m.-1:30 p.m.

_____ Session 2: **June 14-18, 2010** [AGES 13 – 16]
9:30 a.m.-1:30 p.m.

Please mail or fax this registration form 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: May 21, 2010

