



Museums of Port Isabel

SUMMER CAMP 2011 REGISTRATION FORM

Please register one camper per form! You may photocopy this form as needed.

Camper's Name _____ Gender _____

D.O.B. _____ Shirt Size _____

Address _____ Phone _____

City/Zip _____ Grade for current '10-'11 school year _____

PLEASE CIRCLE OR HIGHLIGHT THE CAMPS YOU WOULD LIKE TO ATTEND

Session 1 June 22 – July 16

Session 2 July 20 – August 13

Cost is \$50.00 per Session or a camper can attend both for \$75.00

Amount Paid: _____ Method of Payment: Check (Write check# here: _____) MasterCard Visa

Credit Card #: _____ Card Expiration Date: _____ V-Code: _____

Signature of Cardholder: _____ Today's Date: _____

In case of Emergency Please provide:

Mother's Name: _____ Home Phone: _____ Cell/Work Phone: _____

Father's Name: _____ Home Phone: _____ Cell/Work Phone: _____

Family Address: _____ City/State/Zip: _____

Signature: _____ Print Name: _____ Date: _____