



Imagine It! Explorer Camp 2010 Registration Form

Parent's Name: _____

Are you a member? Yes No

Member ID#: _____

1) Child's Name: _____

Age: _____ Boy Girl

2) Child's Name: _____

Age: _____ Boy Girl

Address: _____

City, State & Zip: _____

Daytime Phone: _____

Email: _____

How did you hear about Explorer Camp? _____

How many years has your child attended Explorer Camp? _____

Explorer Camp Session Selection(s)

Imaginator Theater Camp – 8:30 AM to 2:30 PM Monday-Friday

(One Two-Week Session: \$350 member/\$450 non-member)

June 7-11 & June 14-18, 2010 (ages 6-9 years)

Adventure Camp – 8:30 AM to 2:30 PM Monday-Friday

(Per session: \$200 member/\$250 non-member)

Session 1: June 7-11 (ages 4-5 years)

Session 2: June 14-18 (ages 4-5 years)

Session 3: June 28-July 2 (ages 4-9 years)

Session 4: July 5-9 (ages 4-9 years)

Discovery Science Camp – 8:30 AM to 2:30 PM Monday-Friday

(Per session: \$200 member/\$250 non-member)

Session 1: June 21-25 (ages 5-9 years)

Session 2: July 12-16 (ages 5-9 years)

Kindermusik – 10:30 AM-11:30 AM

(One session: \$100 member/\$125 non-member)

One Session: July 19-23; 10:30 AM – 11:30 AM

_____ days aftercare x _____ number of children (\$10/day/camper)

Method of Payment (Note: full payment is required with registration)

\$_____ Total Amount

Credit Card

Visa Mastercard American Express

Card Number _____ Exp. Date _____

Signature of Cardholder _____

Check (please make checks payable to Imagine It! The Children's Museum of Atlanta)

Return Form To: Imagine It! The Children's Museum of Atlanta

275 Centennial Olympic Park Drive NW

Atlanta, GA 30313

Fax: (404) 223-3675