

Miami Seaquarium Spring Camp

March 29- April 2, 2010

Camper's Name: _____

Address: _____

Grade: _____ Parent's Name: _____

Work #: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

Any allergies/special needs/challenges/medication?
_____ No _____ Yes (explain) _____

People authorized to pick up child _____

How did you hear about spring camp? _____

Payment Information

Select Payment: (\$180 members, \$180 siblings, \$200 non-members)

Select Additional Care: (\$25 early care, \$25 late care, \$40 combo)

Extra T-shirt \$10.00 per shirt _____

_____ Cash (paid the first day of camp)

_____ Credit Card: VISA MC AMEX

Card Number: _____

Exp: _____ Signature: _____