

Miami Seaquarium Spring Camp

March 14-18, 2011

Camper's Name: _____

Address: _____

Grade: _____ Parent's Name: _____

Phone #: _____ Alternate #: _____

Emergency Contact: _____ Phone #: _____

e-mail address: _____

Any allergies/special needs/challenges/medication?

_____ No _____ Yes (explain) _____

People authorized to pick up child _____

Payment Information

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

Select Additional Care: (\$25 early care, \$25 late care, \$45 combo)

Select Optional Dolphin Program: (\$ Encounter-ages 5-9, Odyssey- ages 10 and up)

Extra T-shirt \$10.00 per shirt _____

_____ Cash (paid the first day of camp)

_____ Credit Card: VISA MC AMEX

Card Number: _____

Exp: _____ Signature: _____