

CAMP SEAQUARIUM - WINTER CAMP 2009



"TROPICAL WONDERLAND"

Week A- December 21-24, 2009

Week B- December 28-31, 2009



** Please note there will be no camp on Christmas Day (Dec. 24th) or New Years Day (Jan. 1st)**

Campers Name: _____

Address: _____

Grade Level: _____ Parent's Name: _____

Work Phone #: _____ Cell Phone #: _____

Emergency Contact: _____ Phone #: _____

E-mail Address: _____

Any allergies/ special needs/ challenges/ medications?

No

Yes (Explain) _____

Persons authorized to pick-up child: _____



Payment Information

Select Week: _____ Week A (Dec. 21-24) _____ Week B (Dec. 28-31)

Select Payment: _____ \$145 (Members) _____ \$160 (Non-members)

_____ \$20 Early Care _____ \$20 Late Care _____ \$35 Combo Care

_____ Cash (paid 1st day of camp)

_____ Credit Card (circle card type): VISA MC AMEX DISC

Card Number: _____

Expiration Date: _____ 3-digit security code _____ (4 digits on AMEX)

Total: _____ Signature: _____

Fax To: (305) 365-0075 or call (305) 361-5705 ext 207

Mail To: Education Department, Miami Seaquarium

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Miami, FL 33149