

# ScienceWiz Summer Camp 2009 Enrollment Form

I give my permission for my child to attend the ScienceWiz Summer Camp

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Entering Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail: \_\_\_\_\_

Select the Camp Week(s) that will work for you:

June 15-19 Robotics Camp Half Day \$275 Full Day \$390 .....	\$ _____
June 22-26 Robotics Camp Half Day \$275 Full Day \$390 .....	\$ _____
July 6-10 Electric Car Camp Full Day \$420 .....	\$ _____
July 13-17 Electric Car Camp Full Day \$420 .....	\$ _____
July 20-24 Electric Car Camp Full Day \$420.....	\$ _____
July 27-31 Solar Car Camp Full Day \$490 .....	\$ _____
Total	\$ _____
10% Discount for payment before March 31, 2008.....	\$ _____
Coupon Discount	\$ _____
Amount Due.....	\$ _____

Payment Method:

Check

Make Checks Payable to: ScienceWiz

Mail: ScienceWiz/P.O. Box 20533/El Sobrante, CA 94820-0533

Credit Card:  Visa  Mastercard  Discover  American Express

Credit card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_

Credit card billing address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## Refund Policy

**If your plans change before May 15 ScienceWiz Summer Camp will refund 75% of your payments. After May 15 there will be no refunds.**

The parent (or guardian) acknowledges responsibility for class attendance and for picking up students promptly.

Parent Signature \_\_\_\_\_

Print Name \_\_\_\_\_

e-mail: kevin@sciencewiz.org

Phone: 510-222-2638 / Fax 510-223-6953

ScienceWiz, P.O. Box 20533, El Sobrante, CA 94820-0533