



# Adventures in Space Summer Camp 2004 Registration Form

**NOTE:** This form must be submitted along with payment for the session you wish your child to attend. Filling out these forms does **not** guarantee your child a place in one of our Adventures in Space programs. Only after receiving a confirmation letter from us has your child been accepted.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M: \_\_\_\_ F: \_\_\_\_

School: \_\_\_\_\_ Grade (04-05): \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Wk #: \_\_\_\_\_ Alt #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**Please choose one of the following Adventures:**

- Astro-Tots (PreK-Kindergarten) Cost: \$100\* Specify Date: \_\_\_\_\_  
9:00 am-12:00 pm **or** 1:00 pm-4:00 pm
- Mercury (Grades 1-2) Cost: \$100\* Specify Date: \_\_\_\_\_  
9:00 am-12:00 pm **or** 1:00 pm-4:00 pm
- Gemini (Grades 3-5) Cost: \$200\* Specify Date: \_\_\_\_\_
- Apollo (Grades 6-9) Cost: \$200\* Specify Date: \_\_\_\_\_
- Skylab (Ages 14-17) Cost: \$985 Specify Date: \_\_\_\_\_

**\*Members receive a 10% discount except on Skylab**

Total Tuition: \$ \_\_\_\_\_

**You will receive a Membership discount if you purchase a Membership package at time of registration. For complete Membership information and benefits, visit [www.azchallenger.org](http://www.azchallenger.org) .**

**Please note and initial the following four items:**

1. Students attending full day camps must bring a sack lunch. \_\_\_\_\_
2. Photo ID will be required for drop off & pick up of all students. \_\_\_\_\_
3. There will be a \$10 fee per ½ hour charged for late pick up. \_\_\_\_\_
4. Due to the popularity of these classes and the limited space, cancellation refunds are not available. \_\_\_\_\_

Free T-Shirt Size: \_\_\_\_\_ I give my permission for my child's photo to be used for publicity. Y\_\_ N\_\_

**How did you hear about Challenger "Adventures in Space"?**

- Newspaper (which one?) \_\_\_\_\_  Radio (which station?) \_\_\_\_\_
- Television (which station?) \_\_\_\_\_  Magazine (which one?) \_\_\_\_\_
- Flyer from School \_\_\_\_\_  Web  Word of Mouth  Other (please describe) \_\_\_\_\_

**Emergency Contact/Release Information**

In the case of an emergency, please list the individual(s) whom you wish to be contacted if the Challenger Space Center is unable to contact you at the numbers listed above.

Name	Relationship to Student	Phone Number(s)
_____	_____	_____

If you are planning for someone other than yourself to pick up your student, please list their name here:

**Medical Information**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

Please list below any important medical conditions, allergies, and/or medications that the Challenger Space Center needs to know about your child.

**Emergency Release Statement**

In the event of an emergency, if the Challenger Space Center staff is unable to contact me or an emergency contact listed above, I, \_\_\_\_\_ authorize the Challenger Space Center to reasonably act on my behalf concerning \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Challenger Space Center**  
Attn: Admissions/Information  
21170 N. 83rd Avenue, Peoria, AZ 85382  
Phone: 623-322-2001 Fax: 623-322-2047  
[www.azchallenger.org](http://www.azchallenger.org)

Check payable to Challenger Space Center or Credit Card (receipt will be mailed).  
Credit Card Acct # \_\_\_\_\_  
Exp. Date \_\_\_\_\_ Name on Card \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_