

SPACE QUEST 2010

CSI CAMP REGISTRATION

2-Day Camp For Rising 5th-8th Graders

SESSION DATE

_____ July 7-8, 2010

CAMPER INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____

Camper's grade in August 2010: _____

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian: _____

Home Telephone: _____

Work Telephone: _____

2nd Parent/Guardian: _____

Home Telephone: _____

Work Telephone: _____

WAIVER AND RELEASE

(this section must be signed in order to confirm registration)

Acknowledging that participation in activities carries with it a risk of physical injury, I agree that the Challenger Learning Center, its agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in the Challenger Learning Center Space Quest at any time preceding, during or after camp is in session and I hereby discharge Challenger Learning Center, its agents and employees from all actions, claims, and demands I or my child may have for any such injury or damage.

The Challenger Learning Center reserves the right to dismiss any camper deemed detrimental to the camp. We do not tolerate violent behavior or loud and abusive language directed at instructors or at fellow campers. Parents will be held liable for damage to Challenger Learning Center property caused by the reckless behavior of their child. No refunds or deductions of camp fees will be made for late arrivals or early departures.

X

Signature

Date

PAYMENT INFORMATION

CSI Tuition Fee **\$85** \$ _____

Lunch (optional) **\$10** \$ _____
(menu at www.clcpaducah.org)

Camp T-Shirt (optional) **\$10.60*** \$ _____

Place an "X" under the size you would like to order.

Kids	Kids	Kids	Kids	Adult	Adult	Adult	Adult
2-4	6-8	10-12	14-16	SM	MD	LG	XL

TOTAL PAYMENT DUE: \$ _____

***Deadline to order t-shirt is May 7, 2010.**

(T-shirt design is the same for all camps.)

PAYMENT OPTIONS

Check (Payable to **Challenger Learning Center**)

Credit Card: Visa MasterCard Discover

Card No. _____

Name on Card _____

Exp. Date _____

Signature _____

CONFIRMATION PACKET

Once this form and payment have been processed, you will receive a confirmation packet within 7-10 days. Packet will be mailed to camper's address.

CANCELLATION POLICY

- A full refund will be given if cancellation is received 30 days prior to start of camp date you choose.
- After the 30 day mark only half of your registration fee will be refunded.
- If your child is sick and cannot attend camp, a doctor's note must be provided for a full refund.
- Refunds will be mailed within 30 days of cancellation date.

Mail To: Challenger Learning Center
Space Quest 2010
PO Box 7380
Paducah, KY 42002

Fax To: (270) 534-6385
(only if paying by credit card)

Questions: (270) 534-3101

FOR OFFICE USE ONLY

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