

# IMAGINARIUM CAMP REGISTRATION FORM

OFFICE USE: TN#: \_\_\_\_\_ DATE: \_\_\_\_\_

## 1. PARENT INFO

Member?: Yes / No Member #: \_\_\_\_\_  
 Parent or Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## 2. EMERGENCY CONTACT OTHER THAN A PARENT

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_

**AWARD PROCESS** Applicants will be registered immediately if funds are available and there is space in the requested camp. If funds are not available, applicants will be notified within seven days.

## 3. CHILD INFO *Please note: Age categories must be observed to ensure the best possible experience for all children in the camp.*

Name: _____	Name: _____	Name: _____
Birth date: _____ Age: _____	Birth date: _____ Age: _____	Birth date: _____ Age: _____
Grade in Fall 08: _____ <input type="checkbox"/> F <input type="checkbox"/> M	Grade in Fall 08: _____ <input type="checkbox"/> F <input type="checkbox"/> M	Grade in Fall 08: _____ <input type="checkbox"/> F <input type="checkbox"/> M
Special Needs: _____	Special Needs: _____	Special Needs: _____

## 4. PROGRAM SELECTION

Date	Choice	Camp Title	Participant's Name	Camp Fees	Scholarship Fee
	1 <sup>st</sup> choice				
	2 <sup>nd</sup> choice				
	1 <sup>st</sup> choice				
	2 <sup>nd</sup> choice				
	1 <sup>st</sup> choice				
	2 <sup>nd</sup> choice				

## 5. PAYMENT INFO

Card type: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Card #: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Check Payment \_\_\_\_\_ # \_\_\_\_\_

## COMMENTS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Send scholarship application, financial information, registration, and payment to:

Education Liaison  
 The Imaginarium  
 737 W. Fifth Ave, Ste G  
 Anchorage, AK 99501