



**Montana Natural History Center**

www.MontanaNaturalist.org

(406) 327-0405

Invoice Number \_\_\_\_\_

**2009 Summer Science Discovery Day Camp Registration Form**

*Please print this form and send with payment to: MNHC, 120 Hickory Street, Missoula, MT 59801*

Name of participants : \_\_\_\_\_

Name of parents)/ guardian: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Phone: h \_\_\_\_\_ w \_\_\_\_\_ cell \_\_\_\_\_

Please add me to your email list so I can hear about upcoming programs and events!

Email address \_\_\_\_\_

Please check one:

We are members of the Montana Natural History Center and are eligible for a program discount.

We are not members but we'll like to join today for \$50 and receive a discount on our registration fee and other MNHC programs throughout the year!

We are not interested in becoming members at this time, thanks!

| Camp Title   | Dates | Name and Grade* | Fee |
|--|-------|-----------------|-----|
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| Family Membership + \$50   |       |                 |     |
| Yes! My family would like to contribute to the Summer Camp Scholarship Fund! |       |                 |     |
| <b>TOTAL DUE</b>   |       |                 |     |

\*Current grade for spring program or grade level in fall for summer program.

Registrations are first-come, first-served and are only confirmed when a \$50 non-refundable deposit (per child and per camp) is received with this registration . Space will not be guaranteed without the \$50 non-refundable deposit. To guarantee your space in camp, full payment is due two weeks prior to the start of the camp unless (or discuss other arrangements with MNHC). A confirmation letter will be sent three weeks prior to the start of camp with an updated invoice for ease of payment.

**Program fee (minus \$50 deposit) is refundable ONLY if a cancellation is made five (5) business days before the first day of camp (by 5:00 pm on the Tuesday prior to the start of camp). No refunds will be issued for cancellations made after this deadline. Membership dues are not program fees and**

Total Due \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Visa\_\_ MasterCard\_\_ American Express\_\_ Discover\_\_  
Name \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Signature \_\_\_\_\_

*For Office Use only: Date Rec'd \_\_\_\_\_ entered into database \_\_\_\_\_  
receipt provided \_\_\_\_\_ where did you hear about this program \_\_\_\_\_  
Notes: \_\_\_\_\_*