

Pal Camp Billing Statement- 2010 Campers

Name of Participant(s) _____

# of Participants	Program	Dates	Cost per participant	(# of participants) X (program cost)*
	1- Global Explorations	June 21-25, 2010	\$150	
	2- Let's See What's Cooking	June 28- July 2, 2010	\$150	
	3- Eat or Be Eaten	July 12-16, 2010	\$150	
	4- Circus Carnival	July 19-23, 2010	\$150	
	5- Humboldt Safari	July 26-30, 2010	\$150	
	6- Arts & Music in the Forest	August 2-6, 2010	\$150	
	7- Mad Scientists	August 9-13, 2010	\$150	

* = \$10 discount off additional sessions and/or enrollment of a sibling Total Programs Cost: \$_____

\$10 discount for Discovery Museum members!

Extension Child Care Hours			
<i>(Please indicate the number of participants that will be attending extension hours in the specific time blocks)</i>			
Monday	___ 8:30am-9:30am	___ 3:30pm-4:30pm	___ 4:30pm-5:30pm
Tuesday	___ 8:30am-9:30am	___ 3:30pm-4:30pm	___ 4:30pm-5:30pm
Wednesday	___ 8:30am-9:30am	___ 3:30pm-4:30pm	___ 4:30pm-5:30pm
Thursday	* 4.5 hrs ___ 8:30am-1:00pm		
Friday	___ 8:30am-9:30am	___ 3:30pm-4:30pm	___ 4:30pm-5:30pm
(# of children ___) X (# of hours ___) X (\$4.00/hour) = Total Extension Hours Cost: \$_____			

All costs are due on the date of registration. Registration accepted on a first come, first served basis.

Total Programs Cost	_____
+ Total Cost of Extension Hours	+ _____
= Total Cost	= _____

Scholarship applicants – Please submit “Scholarship Application” instead of this form. Scholarships are very limited and only available to those in most financial need.

Refunds and Cancellations - In order to receive a full refund, you must call Discovery Museum at least 10 days prior to the program start date. There are no exceptions.

Please make checks payable to Discovery Museum.

Parent/ Legal Guardian Signature _____ Date _____