## **Boy Scout Camp-in Program Registration Form**



**Pre-registration is required**. Individuals may register only if their troop is not attending that particular program.

Date of Camp-in Progr	am <u>Feb. 11, 2017</u>	Name of Cam	o-in Program	Space Exploration	
Troop #					
Name of Group Leade	r Attending Camp-in Prog	gram			
Address		City		State	Zip Code
Phone (Day)		Phone (Eveni	ng)		
E-Mail Address					
Secondary Contact Na	ıme				
Address		City		State	Zip Code
Phone (Day)		Phone (Eveni	ng)		
E-Mail Address					
Total Number of Scout	s Tota	al Number of Adults _			
Number of Scouts Without Membership @ \$45				@ \$45.00 each =	\$
Number of Scouts With Membership* @ \$40.00 each					\$
One (1) Leader Per Group @ FREE =					\$
One (1) Co-Leader Per Group @ FREE =					\$
Additional Chaperones Required for 1:5 Adult-to-Scout Ratio @ FREE =				@ FREE =	\$
Number of Adults Without Membership @ \$35.00 each					\$
Number of Adults With Membership* @ \$30.00 each					\$
Domino's Pizza Large Cheese Pizza(s) Large Pepperoni Pizza(s) @ \$10.00 each =					\$
Total Payment Due					\$
Deposit (25%) Due Upon Registration					\$
Balance - DUE 30 DAYS Before Camp-in Program					\$
Payment Method	Check (payable	to "Da Vinci Science	Center")		
	Visa	_ MasterCard _	AMEX	Discover	
	Name on Card (Print)				
	Card Number Exp Da			·	
	Card Security Code Billing Zip Code				
	Signature			Date	

For registration information, call 484.664.1002, Ext. 121. For program details, call 484.664.1002, Ext. 123, or write to scouts@davincisciencecenter.org.

<sup>\*</sup> Members must submit a copy of their Da Vinci Science Center membership card with registration.