

CATAWBA SCIENCE CENTER • GIRL SCOUT CAMP-IN MARCH 15–16, 2013

Spend the night checking out the night sky in the in the Millholland Planetarium and watching Molecularium. Observe amazing chemical reactions and make your own slime to take home! Spend time with Cadets making a craft to take home as well.

GRADE LEVEL: Girl Scout Daisies & Brownies (grades K-3)

REGISTRATION FEES PER PERSON:

SCOUTS: \$30 Members/\$35 Non-Member

ADULTS: \$5 Members/\$10 Non-Member

REGISTRATION DEADLINE: March 1, 2013

For any registrations postmarked after that day there will be a \$5 late fee per girl scout.

RETURN THE COMPLETED REGISTRATION FORM BELOW TO:

FAX: (828) 322-1585 or **MAIL:** Catawba Science Center PO Box 2431 Hickory, NC 28603

Price includes rotation of three classes in the evening, one snack, and breakfast. A min of 40 girls need to register for CSC to hold the camp-in.

REFUND POLICY: Refunds are available two weeks prior to camp-in, minus a \$10 administrative fee. No refund available after this date.

CHECK IN BEGINS: 5:45 p.m. in the Ground Level Lobby (library side). **ORIENTATION BEGINS:** 6:15 p.m.

March 15 - 16, 2013 • Girl Scout Camp-in Registration Form

Registration as a Troop is strongly encouraged. **Pre-registration required.** Registrations are taken on a first-come, first-served basis when payment is made. **Space is limited to 100.** Please make additional copies as necessary and send forms together.

Girl Scout Name _____ Home Phone _____

Parent Name(s) _____ Work/Cell Phone _____

Mailing Address _____ City _____ State _____ Zip _____

CSC Member Yes No Email _____

Parent or guardian attending: _____ Phone _____

Emergency contact, if parent is not attending _____ Phone _____

Health/ Accident Insurance Company _____

Name of Insured _____ Policy Number _____

Medical Release

If currently on any medications, please list and describe schedule for emergency administration. Include any asthma or allergy medications. If any medications must be administered by CSC staff written directions must be provided.

Allergies _____

Medications _____

I, _____, do hereby authorize Catawba Science Center staff to act on my behalf in seeking any medical treatment or medicine for my daughter or myself during the camp-in.

Signature _____ Date _____

SCOUTS _____ x \$30 Member / \$35 Non-Member \$ _____
ADULT _____ x \$ 5 Member / \$10 Non-Member + \$ _____
TOTAL DUE \$ _____

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Check enclosed (payable to CSC) Charge my Visa MasterCard American Express Discover

Name on credit card _____ Card No. _____

Expiration date _____ Signature _____