

REGISTRATION FORM

Please submit a separate registration form for each child. Additional forms may be downloaded from the Web site at www.carnegiemnh.org/camps.

**CARNEGIE MUSEUMS OF
ART AND NATURAL HISTORY**

CarnegieMellon
SCHOOL OF ARCHITECTURE

CAMPER INFORMATION

_____		_____	
LAST NAME	FIRST NAME		
_____		_____	
BIRTHDATE	NAME OF PARENT/GUARDIAN		
_____		_____	
MEMBER # (if applicable)	EMAIL ADDRESS		
_____		_____	
ADDRESS	CITY	STATE	ZIP
_____		_____	
DAY/WORK PHONE		EVENING/CELL PHONE	
_____		_____	
EMERGENCY CONTACT (other than parent/guardian above)			

PHONE		RELATIONSHIP TO CAMPER	
_____		_____	

LAST NAME

FIRST NAME

CAMP INFORMATION CAMPS AND PRE- AND POST-CAMP ARE PRORATED 20% DURING THE WEEK OF JULY 4.

CAMP NAME	START DATE	PRE- or POST-CAMP NEEDED? (AGES 6-13 ONLY)		TOTAL FEE
_____	_____	<input type="radio"/> Pre-camp	<input type="radio"/> Post-camp	_____
_____	_____	<input type="radio"/> Pre-camp	<input type="radio"/> Post-camp	_____
_____	_____	<input type="radio"/> Pre-camp	<input type="radio"/> Post-camp	_____
_____	_____	<input type="radio"/> Pre-camp	<input type="radio"/> Post-camp	_____
_____	_____	<input type="radio"/> Pre-camp	<input type="radio"/> Post-camp	_____
_____	_____	<input type="radio"/> Pre-camp	<input type="radio"/> Post-camp	_____
_____	_____	<input type="radio"/> Pre-camp	<input type="radio"/> Post-camp	_____
_____	_____	<input type="radio"/> Pre-camp	<input type="radio"/> Post-camp	_____
_____	_____	<input type="radio"/> Pre-camp	<input type="radio"/> Post-camp	_____

TOTAL AMOUNT DUE _____

PAYMENT INFORMATION

- Check enclosed payable to Carnegie Institute
- Charge my (CIRCLE ONE): Visa MasterCard American Express

_____	_____	_____
CARD #	EXP. DATE	SIGNATURE

_____ Please initial here to indicate that you have read the museum's cancellation policy, opposite page.