

2017 Summer Camp Registration Form

Register by mail, in person, over the phone (309-863-3034), or online at RiverfrontMuseum.org!

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	Age Groups						
Half Day Only:							
3-4 Year Olds	9-11:30am						
	Full Day:	AM Half Day:					
K-1st Grades	Yes	Yes					
2nd-3rd Grades	Yes	No					
4th-6th Grades	Yes	No					
DECLINDS /WITHDDAWALS /CANCELLATIONS: A full refund will							

Camp Pricing							
	Full Day	Half Day					
Member Price:	\$225	\$124					
Non-Member Price:	\$250	\$138					
Box-Lunch (5 days):	\$30						
Before/After Care:	\$6 AM or PM; \$12 for both (daily rate)						
K'NEX Take Home Fee:	\$20 (Master Builders' Camp Only)						

ANCELLATIONS: A full refund will be given to any camper who withdraws from at least two full weeks prior to the start

of their camp minus a \$25 processing for fee. No refunds will be given after a can	_	en upon with	drawal less than two	weeks before camp be	egins, minus a \$25	processing	
Does your child have allergies o	r another relavent me	dical condi	tion?	Yes		No	
Parent(s)/Guardian(s) Name:							
Are you currently a member?	Yes No		No	Before Care, \$6/day			
f you are not a member,	are not a member, 1 & 1 Core Membership, \$75 (2 Ad			(2 Adults) After Care, \$6/day			
would you like to purchase your membership today?	Family Core Me (2 Adults in the sai and grand-childrei	me household	w/children	Camper T-Shirt Size:			
Address:			City:		Zip:		
Phone (main):	Phone (alt.):			nail:			
Participant/Parent/Guardian Signa Parents are responsible for children beforeceived a confirmation email. The musofirst day. Mail or D	ore or after camp. Payment	ombine or can	cel camps based on lo	ow enrollment. Refund	s will not be given		
	Date of	Grade in				Fee	
Participant(s) Name	: Birth	Fall		Camp Name/Dates		(see pricing	
To receive the 10% Caterpillar Inc., employee discount,							
please call 309-863-3034 or visit the Musuem's front desk to register.		desk	Before/After Care:				
				New membership	or renewal fee:		
Please put my	child in the same camp as:				Total Enclosed:		
Check Credit Card Cash: (Please do not mail cash.) Exp Date Sec.					Exp Date: Sec.		
Visa Mastercard Discover Cro	edit Card #:				Code:		
Signature:							