

Camp-in Registration Form
(to be completed by group leader)

Requested date for Camp-in _____

Group Name _____ County _____

Group leader's name _____

Street Address _____ City _____

State _____ Zip _____

Home Phone _____ Work Phone _____

Number of Youths attending _____ Age range _____

Number of Adults attending (at least 1 for every 10 youths) _____

A non-refundable deposit of 25% is required to reserve a Camp-in date:

Example: $\$35.00 \times 40 \text{ campers} \times 25\% = \350.00

Total deposit enclosed (do not send cash)

\$ _____

***Advanced payment in full is appreciated!**

Make checks payable to: Mid America Science Museum. Please, only one check per group.

Visa/ Mastercard# _____

Expiration Date _____

Name as it appears on card _____

Signature _____

Does any member of your group have a physical condition or limitation of which we should be aware? YES NO

If yes, please clarify_____

How did you learn about our Camp-in program?

Mail completed form and deposit to:
MASM Camp-In
500 Mid-America Blvd.
Hot Springs, AR 71913
edctr@cablelynx.com

For more information: Call: 501-767-3461; Fax: 501-767-1170
Email:edctr@cablelynx.com
or write to above address
Attention: Let's Go Camp-in Program