



CAMP-IN REGISTRATION FORM

PAYMENT POLICY

- Advanced registration is required for all programs.
- A 25% non-refundable deposit is due at the time of registration.
- Final payment is due 30 days prior to your event and is non-refundable.
- Changes to total group numbers can be made up to 30 days prior to your event.
- Increasing your group numbers is subject to availability and not guaranteed.

*CHAPERONE POLICY

- Attentive chaperones are a vital piece of the Camp-In experience. For a fun, safe and successful program, we require 1 chaperone per 6 children.

SIBLING POLICY

- Please do not include siblings in your group numbers. In order to ensure a successful program, siblings will not be admitted into Camp-Ins.

REGISTRATION INSTRUCTIONS

- Please fill out the form completely (missing information may delay processing of your reservation).
- Mail non-refundable deposit with registration form.
- If the Museum receives your registration form 1–30 days prior to your event, the entire payment is due in full.
- For more information please contact the Camp-In Coordinator at 734.995.5439 or education@aahom.org.

Grade(s) _____ Girl Scouts Cub Scouts School Group Family Other _____

Group Name (i.e. Troop 11) _____ Contact Name _____ Council _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Alternate Phone _____ Email _____

CUB SCOUT SCIENCE CAMP-IN

Dates 2/5/10, 4/16/10

1st Choice Date _____

2nd Choice Date _____

_____ # of Scouts × \$27.00 \$ _____

_____ # of Adults* × \$27.00 + \$ _____

TOTAL CAMP-IN COST = \$ _____

WEBELOS ENGINEERING CAMP-IN

Dates 1/22/10; 3/5/10

1st Choice Date _____

2nd Choice Date _____

_____ # of Scouts × \$27.00 \$ _____

_____ # of Adults* × \$27.00 + \$ _____

TOTAL CAMP-IN COST = \$ _____

JUNIOR WATER WONDERS CAMP-IN

Dates 2/19/10

1st Choice Date _____

2nd Choice Date _____

_____ # of Scouts × \$27.00 \$ _____

_____ # of Adults* × \$27.00 + \$ _____

TOTAL CAMP-IN COST = \$ _____

BROWNIE DESIGN YOUR WORLD CAMP-IN

Dates 4/23/10

1st Choice Date _____

2nd Choice Date _____

_____ # of Scouts × \$27.00 \$ _____

_____ # of Adults* × \$27.00 + \$ _____

TOTAL CAMP-IN COST = \$ _____

JUNIOR SKY SEARCH CAMP-IN

Dates 3/19/10

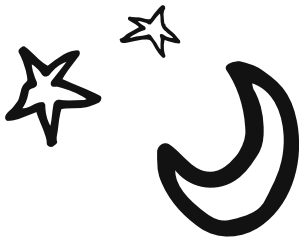
1st Choice Date _____

2nd Choice Date _____

_____ # of Scouts × \$27.00 \$ _____

_____ # of Adults* × \$27.00 + \$ _____

TOTAL CAMP-IN COST = \$ _____



PAYMENT AMOUNT: Total Cost \$ _____ 25% Deposit \$ _____

PAYMENT OPTIONS: Check (payable to the Ann Arbor Hands-On Museum) Cash MC VISA

Name on Card _____ Zip (if different than above) _____

Card Number _____ Expiration Date _____

Card Holder Signature _____