

2010 Science Trek Registration

Children must be 8 by May 1, 2010 to participate in this program.

Child's Name _____ Age _____ Date of Birth _____

Male _____ Female _____ Allergy Yes _____ No _____

Emergency form complete Yes _____ No _____ Child's Physical Form on File Yes _____ No _____

Mom's Name _____ Dad's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Mom's Cell _____ Mom's Work _____

Dad's Cell _____ Dad's Work _____

E-mail _____

Program Time: 8:45 am to 12:45 pm

#1 Blast Off!	June 28 - July 2	_____	\$300
#2 Off To The Race	July 6 - July 9	_____	\$240

\$300.00 x _____ regular week #1	\$ _____
\$240 x _____ 4 day week #2	\$ _____
Membership Fee \$70.00	\$ _____
Total Fee Paid	\$ _____

Parent Signature _____ Date _____

I have read and understand the Darien Nature Center's Refund and Registration Policies.

**IMPORTANT REFUND POLICY: 75% refund if space can be filled
50% refund if space cannot be filled
No refunds after Friday, June 18th**

**PLEASE CALL
FOR
AVAILABILITY
BEFORE
MAILING
FORM**

Darien Nature Center P.O. Box 1603 Darien, CT 06820 phone 655-7459 fax (203) 655-3185