

# Hands-on-History Camp Early Registration Form 2012

Sandy Spring Museum  
17901 Bentley Road  
Sandy Spring, MD 20860  
(Main) 301-774-0022 (Fax) 301-774-8149  
www.sandyspringmuseum.org

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Entering grade (Fall 2012) \_\_\_\_\_ School \_\_\_\_\_

Attending Camp:

\_\_\_\_\_ **Session 1 (July 9 – July 13) 9am-4pm Entering 1<sup>st</sup> or 2<sup>nd</sup> grade**

\_\_\_\_\_ **Session 2 (July 23 – July 27) 9am-4pm Entering 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> grade**

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list any allergies, medical information, or special accommodations that we should be aware of:

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Person(s) approved to pick up camper

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Emergency contact name and phone number:

1. \_\_\_\_\_

2. \_\_\_\_\_

The total cost for the camp is \$300.00. **A deposit of \$100.00 is required at the time of registration.** The balance is due at the start of the camp session. A full refund will be given for any cancellations made prior to June 4, 2012. The museum will retain the \$100.00 deposit for any cancellations made after that date.

**Early Registration (by 2-20-12)**

- \$275 Non Members**
- \$250 Museum Members**

**Regular Registration**

- \$300 Non Members**
- \$250 Museum Members**

Method of Payment:

\_\_\_\_\_ Check (Please make check payable to the Sandy Spring Museum)

\_\_\_\_\_ Credit Card

Circle one:      Visa                  Master Card                  Discover                  American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Print Name of Cardholder \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

The museum staff would like to photograph camp events for the purpose of recording on-going museum activities, and for advertising future camp events (flyers, brochures, display boards, news articles).

\_\_\_\_\_ I give permission for my child to be photographed

\_\_\_\_\_ I request that my child not be photographed

The Sandy Spring Museum and its staff assume no liability for injuries or damages arising from the results of program participation. The museum staff reserves the right to remove from the program any child who displays disruptive behavior.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For Museum use only:

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Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

Paid by \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

\_\_\_\_\_ Check Number

Balance due \_\_\_\_\_