

Cub Scout Day Registration Form

All participants must be pre-registered

Confirmation letters will be e-mailed and mailed within 5-7 business days after registration is processed

Pack Number	Contact Name		
Address	City	State	Zip Code
Daytime Phone	Alternate Phone	E-mail	

Course Selection

Please indicate the Program, date, and Number of Chaperones and Scouts attending.

<input type="checkbox"/> Cub Scouts Morning Session 9AM – 11:30AM	<input type="checkbox"/> February 11, 2012	Things that Go and Magic
	<input type="checkbox"/> May 5, 2012	Nature Crafts and Water and Soil Conservation
Number of Chaperones _____	Number of Scouts _____	x \$15.00 = \$ _____

<input type="checkbox"/> Webelo Cub Scouts Afternoon Session 12:30PM – 3PM	<input type="checkbox"/> February 11, 2012	Scientist Badge
	<input type="checkbox"/> May 5, 2012	Naturalist Badge
Number of Chaperones _____	Number of Scouts _____	x \$15.00 = \$ _____

Optional: For discounted rate on other educational programs, Become a Member (\$65 Explorer; \$150 Discoverer; \$350 Adventurer; \$550 Pioneer)
If purchasing or renewing a membership, please attach a separate check for membership payment.

(Current or Renewing Members: Please indicate your Member ID: _____ and Exp. Date _____) Fee \$ _____
New members do not need to provide this information

(Payment must accompany form) **TOTAL FEE \$ _____**

Payment Information

(Payments by credit card must be attached with payment authorization form)

I have enclosed a check(s) payable to the California Science Center Foundation

INTERNAL USE ONLY.

RES. #: _____

LAST 4: _____

CK #: _____

Participation Authorization

Cancellation Policy: No refunds will be issued. In the event that a class is cancelled by the California Science Center Foundation, we will make arrangements for your participants to enroll in another class or refund your money.

I have read and understand the cancellation and registration policies as stated. I hereby waive all claims against the California Science Center Foundation and its employees or volunteer workers for injury, accident or illness occurring by reason of participation in the Girl Scout Day Program. The California Science Center Foundation may photograph my child during programs and I hereby consent to use of these photographs in Science Center promotional material. In case of an emergency, I authorize any licensed physician nurse or hospital to render such medical aid as may be deemed necessary and or desirable.

Parent/Guardian/Contact Signature _____ Date _____

Registration will not be processed without signature

Mail form to: California Science Center Foundation, EDUCATION PROGRAMS
700 Exposition Park Drive, Los Angeles, CA 90037 or fax form to: (213)744-2052
Business Hours: Monday- Friday 9am-5pm Closed on Weekends

Last Day to Register is 1 week prior to the Course

Credit Card Payment Authorization Form

Instructions:

1. Form must be faxed along with program registration form when paying via credit card
2. Fax completed form to: (213) 744-2052

Please charge my (check one):

Visa Master Card American Express Discover Total Amount: \$ _____

Name as it appears on card:

First: Last:

I authorize The California Science Center Foundation to charge my credit card (as provided below) for payment of their products and/or services. If The California Science Center Foundation is unable to process my payment I will be responsible for an alternate payment arrangement and my registration will not be processed until a new payment authorization is received.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date: ____ - ____ - ____

***All credit card information is kept secure and confidential. Once credit cards are processed credit card numbers are destroyed.

Credit Card #: Exp. Date (mm/yr):