



Ph. 716.896.5200

# Discovery Camp Registration Form

PARENTS NAME(S): \_\_\_\_\_

REGISTERING CHILD(S) NAME(S): \_\_\_\_\_

AGE(S) OF CHILDREN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

Are you a member? Yes  No  Membership ID # \_\_\_\_\_

### **Pre-payment is *required* to reserve your spot.**

Name of program registering for: \_\_\_\_\_ Date of Program: \_\_\_\_\_

Please indicate here if you will need late pick-up for your child: \_\_\_\_\_  
(Late pick-up: 4:30 – 5:30 p.m. at \$5 per half-hour, per day)

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

### CREDIT CARD INFORMATION:

Please check one:  Master Card  Visa  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature (required for credit card) \_\_\_\_\_

Please make check payable to: **Buffalo Museum of Science**

Mail To: CSL Programs Department  
1020 Humboldt Parkway  
Buffalo, NY 14211-1293

### CANCELLATION POLICY:

**Full refund if a class or program is cancelled by the Museum/Tifft. Refunds are only provided until 10 days before class begins.**

