

Miami Seaquarium Spring Camp

March 12-16, 2012

Camper's Name: _____

Address: _____

Grade: _____ Parent's Name: _____

Phone #: _____ Alternate #: _____

Emergency Contact: _____ Phone #: _____

e-mail address: _____

Any allergies/special needs/challenges/medication?
____ No ____ Yes (explain) _____

People authorized to pick up child _____

Payment Information

Select Payment: (\$180 members, \$180 siblings, \$200 non-members)

Select Additional Care:: (\$25 early care, \$25 late care , \$45 combo)

Select Optional Dolphin Program: (\$85 Encounter-ages 5-9, \$180Odyssey- ages 10 and up)

Extra T-shirt \$10.00 per shirt _____

____ Cash (paid the first day of camp)

____ Credit Card: VISA MC AMEX

Card Number: _____

Exp: _____ Signature: _____