



Summer Camp Registration Form

Summer Camp Name _____
 Age Range of Campers _____
 Contact Person _____
 Address _____
 City, State & Zip Code _____
 Phone _____
 E-Mail Address _____
 Day, Date and Time _____

Fee Calculation			
	Number	Fee	Total
Basic Fee (includes Farm Tour)		\$6 per camper	\$
Counselors		Free	
Total			

Method of Payment

Check
 Credit Card
 Cash

Account # _____

Expiration Date ___/___ Security Code (Back of card) _ _ _ _

Name _____

Signature _____

- Make checks payable to Stamford Museum & Nature Center
- Mark Envelope: "Summer Camp"
- Mail to : Stamford Museum & Nature Center
39 Scofieldtown Road, Stamford, CT 06903
- Fax: (203) 322-0408
- Date reserved upon receipt of deposit.

1st Deposit: Amt \$50 Date _____

2nd Payment Amt _____ Date _____