

Discovery Camp® 2012 Registration Form

Register by fax or the U.S. mail ■ Payment in full is required at time of registration for all programs ■ One form per child

Child's Name _____ Male Female

Age _____ Date of Birth / / _____ Grade in September 2012 _____

Parent/Guardian's Name _____ Email _____

Address _____ City/State/ZIP _____

Home Phone () _____ Business Phone () _____

Are you a member of The Henry Ford? Yes No

Membership Number _____ Membership Level _____

To become a member of The Henry Ford®, join online at www.TheHenryFord.org or call 313.982.6001.

Discovery Camp® Check the level and camp week(s) in which you would like your child enrolled. Circle member or nonmember fee. Indicate T-shirt size.

Session	Members	Nonmembers	Camp Week	T-shirt Size
Check level requested	Circle one		Indicate preference by 1, 2, 3, 4, 5	Sizes run small. (check one) CM (10-12) available for Levels 2 & 3 only.
<input type="checkbox"/> Level 2 entering grade 2	\$238	\$280	_____ A June 25-29	<input type="checkbox"/> CM (10-12) (levels 2, 3 & 4 only)
<input type="checkbox"/> Level 3 entering grade 3	\$238	\$280	_____ B July 9-13	<input type="checkbox"/> CL (14-16)
<input type="checkbox"/> Level 4 entering grade 4	\$238	\$280	_____ C July 16-20	<input type="checkbox"/> AS (34-36)
<input type="checkbox"/> Level 5 entering grade 5	\$238	\$280	_____ D July 23-27	<input type="checkbox"/> AM (38-40)
<input type="checkbox"/> Level 6 entering grade 6	\$250	\$292	_____ E July 30-August 3	<input type="checkbox"/> AL (42-44)
<input type="checkbox"/> Level 7 entering grade 7	\$250	\$292	_____ F August 6-10	<input type="checkbox"/> AXL (46-48)
<input type="checkbox"/> Level 8 entering grade 8	\$250	\$292		
<input type="checkbox"/> Level 9 entering grade 9	\$250	\$292	Camp Level 9 only _____ C July 16-20 _____ E July 30-August 3	

*Registration includes one camp shirt. Additional shirts may be ordered for \$8 each. Please indicate number of additional shirts in the first column and add to total payments.

	Members	Nonmembers
	Circle if participating	
<input type="checkbox"/> AM extended care	\$25	\$25
<input type="checkbox"/> PM extended care	\$25	\$25
<input type="checkbox"/> Additional shirts*	Qty _____	X \$8 = _____

Total \$ _____

Method of payment Check/money order enclosed payable to: **The Henry Ford**

Charge my: Visa MasterCard Discover American Express

Card Number Including 3-Digit Security Code (located on back of card) _____

Expiration Date _____ Signature _____

Enclosed amount or total to be charged to credit card \$ _____

Registration



FAX to: 313.982.6225



Mail to: Summer Camps

The Henry Ford
Dearborn, MI
48121-1970

OFFICE USE ONLY

Address File Number _____

Date Received _____