

Aspiring Innovators 2013 Registration Form

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

| | | |
|--|-------------------------------|---------------------------------|
| Child's Name | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Age | Date of Birth / / | Grade in September 2013 |
| Parent/Guardian's Name | Email | |
| Address | City/State/ZIP | |
| Home Phone () | Business Phone () | |
| Are you a member of The Henry Ford? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Membership Number | Membership Level | |

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

Aspiring

Innovators Camps 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 Check level requested | Members Circle one | Nonmembers | Camp Week Check level requested | T-Shirt Size Sizes run small. (Check one) |
|--|-----------------------|------------|---------------------------------------|--|
| <input type="checkbox"/> Aspiring Innovators entering grades 7-10 | \$238 | \$280 | Aspiring Innovators Only | <input type="checkbox"/> CL (14-16) |
| <input type="checkbox"/> Aspiring Entrepreneurs entering grades 7-10 | \$238 | \$280 | <input type="checkbox"/> B July 8-12 | <input type="checkbox"/> AS (34-36) |
| | | | <input type="checkbox"/> C July 15-19 | <input type="checkbox"/> AM (38-40) |
| | | | | <input type="checkbox"/> AL (42-44) |
| | | | | <input type="checkbox"/> AXL (46-48) |
| Registration includes one camp shirt. Additional shirts may be ordered for \$8 each. | | | | |

| | Members Circle if participating | Nonmembers |
|--|------------------------------------|------------|
| <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 _____