

# 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  Female

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  No

Membership Number \_\_\_\_\_ Membership Level \_\_\_\_\_

To become a member of The Henry Ford®, join online at [www.TheHenryFord.org](http://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

**Aspiring Innovators**  
entering grades 7-10

**Aspiring Entrepreneurs**  
entering grades 7-10

### Members Nonmembers

Circle one

\$238 \$280

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### Camp Week

Check level requested

#### Aspiring Innovators Only

\_\_\_\_\_ B July 8-12

\_\_\_\_\_ C July 15-19

### T-Shirt Size

Sizes run small. (Check one)

CL (14-16) \_\_\_\_\_

AS (34-36) \_\_\_\_\_

AM (38-40) \_\_\_\_\_

AL (42-44) \_\_\_\_\_

AXL (46-48) \_\_\_\_\_

Registration includes one camp shirt. Additional shirts may be ordered for \$8 each.

### Members Nonmembers

Circle if participating

AM extended care \$25 \$25

PM extended care \$25 \$25

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 \_\_\_\_\_