



HAVRE DE GRACE DECOY MUSEUM SUMMER CAMP REGISTRATION FORM

Tuition(Including Materials,Snacks,Lunch):

1 Week Camp.....\$175.00

Please register my child for the following:

☐ Elementary Camp: June 19-23 8:00AM-4:00PM

Shirt size_____

☐ Middle School Camp: June 26-30 8:00AM-4:00PM

Please Print:

Child's Name _____

Child's Date of Birth_____ **Age** _____

Child's Address_____ **Zip** _____

Parent/Guardian Telephone [Day]_____ **[Evening]**_____ **[Cell]**_____

Parent/Guardian Name(s) _____

[please print clearly]

Parent/Guardian Signature(s) _____

Payment:

☐ Check enclosed

☐ Cash

☐ Credit card payment (please call museum @ 410-939-3739 to make payment)

Cardholder's Name_____ **Signature**_____

To be filled out by museum employee

CK.#_____ **Amount:**_____ **Date:**_____ **Recieved By:**_____

Additional payments:

CK.#_____ **Amount:**_____ **Date:**_____ **Recieved By:**_____

CK.#_____ **Amount:**_____ **Date:**_____ **Recieved By:**_____

**A \$50. DEPOSIT IS REQUIRED FOR EACH CHILD REGISTERED
TUITION MUST BE PAID IN FULL 3 WEEKS PRIOR TO THE BEGINNING OF CAMP**

Registration is on-going and on a first-come, first-served basis. Camp is limited to 25 children per week.

Please mail this form and deposit to:
Havre De Grace Decoy Museum
215 Giles Street, Havre de Grac MD, 21078