

# Camp Invention Registration Form

## PROGRAM INFORMATION

**Price: \$130** (Regular price \$250)

**Program Location:** John L. Edwards Primary School

**When:** July 9 - 13, 2018 **from** 8:30AM to 3:00PM

**Program Code:** C-NY17-10974-18

Please fill out completely and mail to: ATTN: Ashley Schaer, National Inventors Hall of Fame, 3701 Highland Park, North Canton, OH 44720

**For more information, contact:** April Prestipino at [prestipinoa@hudsoncsd.org](mailto:prestipinoa@hudsoncsd.org) or 518.828.4360 Ext. 2134

Mark Brenneman at [brennemanm@hudsoncsd.org](mailto:brennemanm@hudsoncsd.org) or 518.828.4360 Ext. 1112

## PARENT/PARTICIPANT INFORMATION

Parent/Guardian Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Alternative Phone \_\_\_\_\_ Email \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Male  Female  Fall Grade Level \_\_\_\_\_

Does your child require an EpiPen®?  Yes  No

Special Needs \_\_\_\_\_

School Child Attends \_\_\_\_\_

How did you hear about Camp Invention? \_\_\_\_\_

## PAYMENT INFORMATION

**Method of Payment:**  Check # \_\_\_\_\_  
*Please make checks payable to the National Inventors Hall of Fame*

**Credit Card:**  Visa  Mastercard  Discover

Cardholder's Name \_\_\_\_\_ Amount: \_\_\_\_\_ Promo Code: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_