

Camp Invention Registration Form

PROGRAM INFORMATION

Program Location: _____ Program Start/End Date: _____

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 _____

To which racial or ethnic group(s) do you most identify? African-American Asian/Pacific Islander Caucasian
 Latino or Hispanic Native American Other _____

How did you hear about Camp Invention? _____

PAYMENT INFORMATION

 Yes, I want to help economically disadvantaged children participate in Camp Invention, a program of the National Inventors Hall of Fame. Please accept my donation of \$_____, which I understand is tax-deductible to the extent allowed by law.**Method of Payment:** Check # _____*Please make checks payable to the National Inventors Hall of Fame***Credit Card:** Visa Mastercard Discover

Cardholder's Name _____

Credit Card Number _____ Expiration Date _____

Signature _____ Date _____

Return registration form (one for each attending child) and payment in full to:

National Inventors Hall of Fame, 3701 Highland Park NW, North Canton, OH 44720

Register online at **campinvention.org**, via telephone at 800.968.4332 or fax your registration form to 330.849.8528.

Each registrant will receive a free Camp Invention T-shirt. Refunds are available up to three weeks prior to the start date of the program and \$50 is non-refundable. Promotional Registration discounts are valid only for registrations received by the applicable date and cannot be used with any other discount.