

SPACE SCIENCE

Camp-In 2020 at the Maryland Science Center REGISTRATION FORM

For Daisies/Brownies (1st-3rd grade) and Juniors/Cadettes (4th - 6th grade)

Call 410-545-5958 to pay with credit card or checks should be payable to MARYLAND SCIENCE CENTER. Payment in full and a completed roster are due with this registration. Registration closes when event capacity is reached. There are no refunds once you receive confirmation of this registration. Registration fees are transferable to other members of your troop. To sign up for multiple events, please fill out separate forms for each event.

Send to: campin@mdsci.org or Camp-In, Maryland Science Center, 601 Light Street, Baltimore, MD 21230.

Please select the date your group wants to attend (dates shown are arrival dates). Space is limited, so if more than one date works, please rank them 1-2-3 in order of preference. Early registration better ensures your first-choice date!

Daisies/Brownies		Juniors/Cadettes	
<input type="checkbox"/> Friday, Jan. 17	<input type="checkbox"/> Saturday, Mar 14	<input type="checkbox"/> Friday, Jan 24	<input type="checkbox"/> Saturday, Mar 28
<input type="checkbox"/> Friday, Jan 24	<input type="checkbox"/> Saturday, Mar 28	<input type="checkbox"/> Friday, Feb 28	<input type="checkbox"/> Saturday, Apr 4
<input type="checkbox"/> Friday, Jan 31	<input type="checkbox"/> Friday, Apr 3	<input type="checkbox"/> Saturday, Mar 14	<input type="checkbox"/> Friday, Apr 17
<input type="checkbox"/> Friday, Feb 21	<input type="checkbox"/> Saturday, Apr 18	<input type="checkbox"/> Friday, Mar 20	
<input type="checkbox"/> Saturday, Mar 7	<input type="checkbox"/> Saturday, Apr 4		

*Dates in **bold** are mixed age group events

Council Name _____ Troop# _____

County _____ Grade (circle all that apply) 1st 2nd 3rd 4th 5th 6th

Troop Leader _____ Did you attend last year? Y ___ N ___

___ Home or ___ Cell Phone _____ Work Phone _____

Adult-in-Charge at Camp-In _____

___ Home or ___ Cell Phone _____ Work Phone _____

Name _____

Street Address _____

City _____ State _____ Zip _____

of adults: _____ x \$47.00 = \$ _____

of children: _____ x \$47.00 = \$ _____

\$ _____ Total Enclosed

E-mail address: _____

(Please print VERY clearly)

For MSC Use Only: Received _____ Confirmed _____

Check #(s) _____

