

ID	PROGRAM WEEK	STATUS	COST
S1	Week 1–June 14 – June 18 (5 days)	OPEN	\$299
S2	Week 2– June 21 – June 25 (5 days)	OPEN	\$299
S3	Week 3 – June 28 – July 2 (5 days)	OPEN	\$299
S4	Week 4 – July 6–9 (Tues-Fri, 4 days)	OPEN	\$269
S5	Week 5 – July 12 – July 16 (5 days)	OPEN	\$299

ID	PROGRAM WEEK	STATUS	COST
S6	Week 6 – July 19 – July 23 (5 days)	OPEN	\$299
S7	Week 7 – July 26 – July 30 (5 days)	OPEN	\$299
S8	Week 8 - Aug. 2 - Aug. 6 (5 days)	OPEN	\$299
S9	Week 9 - Aug. 9 - Aug. 13 (5 days)	OPEN	\$299

**2010 SPACE VOYAGE ACADEMY PROGRAMS** - All programs are offered every week.

**Pathfinder** - Kindergarten through grade 3 (ages 5-8).

**Astronaut Cadets** - Level 1 through level 5 for Grades 4 through 10 (ages 9-16).

**Alpha Cadets** - **Three NEW programs for ages 9-16:** Inventor/Designer; Historian/Videographer; Modern Artist.

(Note: Alpha Cadet Prerequisite- have completed Astronaut Cadet Level 1 this summer or last summer.)

**REGISTRATION PERIODS, PROGRAM FEES AND DISCOUNTS:**

**SIBLING & MULTIPLE WEEK DISCOUNTS:**

**Sibling Discount:** \$20 discount for the sibling attending the academy. Fees for all siblings must be paid in full and postmarked by May 20th. For example, a family with two children attending program week 2 would remit \$299 for the first child and \$279 for the second (and each additional) child. A family enrolling two children after May 20th would remit the full fee for each child.

**Multiple Week Discount:** \$20 discount for attending multiple weeks. Fees for all weeks must be paid in full and postmarked by May 20th. For example a student enrolling for two program weeks that is registered by May 20th would pay \$299 for the first week and \$279 the second (and each additional) week. The maximum discount is \$20 for any participant in any week. both.

Discount Policy: The maximum discount for any program week is \$20.

**SVA Affiliate Program:** Check our web site and learn how you can help promote our camp and earn money.

**REGISTRATION CYCLE:** Select the program(s) and week(s) you wish to attend; Complete "Registration Form" and mail in with payment. Upon receiving your registration you will be sent: A Letter of Confirmation, Receipt, Invoice with due date (if applicable), Medical Form and Waiver. Mail in your completed Medical Form and Waiver or bring it with you during camp check-in. We'll use E-mail whenever possible.

**QUESTIONS? NEED MORE HELP?** Call us at 303-985-3143, E-mail dr-palmere@spacevoyage.com



**2010 Space Voyage Summer Academy - Registration Form**

Please complete one application per child and return to:

**Space Voyage Academy, 1504 South Johnson Court, Lakewood, CO 80232.**

Sign up is based on a "first-come, first-served" basis. Use one form per child. Please print clearly.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_M\_\_\_F Grade \_\_\_\_\_

School \_\_\_\_\_ Favorite Subject \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Last Level Completed (Specify Level and Date) If first time, write FIRST TIME AT SVA	Program Applying For	Week # Program Dates	Base Fee	Discount	Sub-Total
<b>TOTAL DUE :</b>					

**WAIVER:** Space Voyage, Space Voyage Simulations, Space Voyage Academy, Educational Adventures America, all Staff, Academy participants and Jefferson County Public Schools are hereby released from any responsibility for injuries or medical conditions incurred during or as a result of the activities of the Space Voyage Academy. I hereby register for admission to Space Voyage Academy. I fully understand that there are no refunds of any fees. I certify that all information on this application is true and accurate to the best of my knowledge. I understand that photographs and videos taken of participants as well as their projects may be used for promotional purposes.

Enclosed is \$ \_\_\_\_\_ (CHECK NUMBER: \_\_\_\_\_) for participation in the above program.

Parent or Legal Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include my child in a car pool list? YES NO (Circle one)

Car pool information will be available. Please send us an E-mail to request this information.  
Only those requesting car pool information will be included on the list.

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