

SPACE VOYAGE SUMMER CAMP PROGRAMS (Note: Come for one or more weeks.)

Pathfinders - Grade 1 through grade 3; Ages 6 to 8 (program offered in all weeks)

Astronaut Cadets - Level 1 through level 5 for Grades 4 to 9; Ages 9-16 (program offered in all weeks)

Space Voyage Leadership Interns – Entering Grades 9 through 12 and college students (program offered in all weeks)

CAMP FEES: Base fee for each five day camp week is \$349

ID	2017 PROGRAM WEEKS, DATES & COST
S1	Week 1 – June 12 – June 16 (5 days) \$349
S2	Week 2 – June 19 – June 23 (5 days) \$349
S3	Week 3 – June 26 – June 30 (5 days) \$349

ID	2017 PROGRAM WEEKS, DATES & COST
S4	Week 4 – July 10 – July 14 (5 days) \$349
S5	Week 5 – July 17 – July 21 (5 days) \$349
S6	Week 6 – July 24 – July 28 (5 days) \$349

DISCOUNTS


Teacher Recommendation Discount Voucher \$75: Have one of your teachers give you a simple recommendation and save \$75. Just send it along with your registration form. We have a recommendation form on our web site for you to use, or have your teacher write a note for you. Use this \$75 for your first week at camp. Never expires. A simple Teacher Recommendation Form is on our website at: www.spacevoyage.com, under the Forms tab.

Sibling Discount \$20: For each additional sibling attending the same week, the discount is \$20 per camp week. Never expires.

Multiple Week Discount \$20: Sign up for multiple weeks, discount is \$20 for the second and each additional week. Never expires.

How To Register: 1) Select the week or weeks you wish to attend. 2) Check web site for availability. 3) Complete one "Registration Form" per child and mail in with your payment. Make checks payable to Space Voyage. If you would like to pay electronically, contact us for options. 4) Upon receiving your registration we will send you: a Letter of Confirmation, Receipt, Invoice (if applicable), a Medical Form and Liability Waiver. 5) Please return your completed Medical Form and Liability Waiver. 6) If you would like to register electronically, simply print off the above forms and attach them to one or more email to dr-palmer@spacevoyage.com. If you need help registering electronically, please call Dr. Palmer at 303-985-3143. To pay electronically, call Dr. Palmer for arrangements.

Availability: As of May 1, 2017 all weeks have availability for all programs. To check availability for a specific week, visit our web site at www.SpaceVoyage.com

 Cut here and return registration below.

2017 Space Voyage Summer Camp - Registration Form

Please complete one application per child. Then, mail in with payment.

Mail to: Space Voyage Summer Camp 1504 South Johnson Court Lakewood, CO 80232

Student's Name _____ Age ____ Gender: _____ Shirt Size _____ Grade in School Next Fall _____

School _____ Favorite Subjects _____ Teacher's Name _____

Home Phone _____ Address _____ City _____ State ____ Zip _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Mother's E-mail Address _____ E-mail / Mail me the receipt. (circle one)

Father's Name _____ Work Phone _____ Cell Phone _____

Father's E-mail Address _____ E-mail / Mail me the receipt. (circle one)

Please include my child in the program weeks Car Pool List and E-mail it to me? Yes No

Pathfinder Level or Cadet Level (If first time at camp, write first time)	Week Number, Program Dates	Base Fee	Teacher Recommendation Discount	Sibling Discount	Multiple Week Discount	Sub-Total
TOTAL DUE :						

WAIVER: Space Voyage, Space Voyage Simulations, Space Voyage Summer Camp, Educational Adventures America, all Staff, summer camp 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 Summer Camp. I hereby register for admission to Space Voyage Summer Camp. I am aware of the refund policies (see H. on page 4). I certify that all information on this application is true and accurate to the best of my knowledge. I understand that photographs, videos and facsimiles 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:** _____