



Imagination
STATION

camp-in

2012

puzzle it out
spend the night
explore exhibits
fun with friends



Camp-In Includes:

- 2 Days of Admission • Workshop Series • Free Simulator Ride
- Dinner and Breakfast • Camp-In Event Patch

Cost:

Campers(grades 2-7): \$37 Members/\$40 Non-Members
Chaperones: \$27 Members/\$30 Non-Members

Time: 5pm-5pm the next day (Programming ends at 11am)

Registration Information:

- Full payment is due at registration. Early registration is recommended!
- Minimum chaperone ratio of at least 1 adult to 7 children is required.
- Children who are not the appropriate age for the program are not permitted to attend.
- Minimum number of campers required for each event is 150. If Imagination Station cancels and rescheduling is not possible, a refund will be given. If a camper cancels admission passes will be given for future visit.

Register at imaginationstationtoledo.org or return form to Imagination Station, 1 Discovery Way, Toledo, OH 43604

Registration Form

Leader's Name _____

Scout Council (if applicable) _____

Group Name (i.e. Troop #123, if applicable) _____

Address _____

City, State & Zip _____

Home Phone _____

Work or Cell Phone _____

Email _____

Grade levels of kids attending: _____

How did you hear about Camp-In? _____

Please indicate any special needs to which we must be alerted _____

Date attending:

- | | |
|--|---|
| <input type="checkbox"/> Saturday, February 4-Boys | <input type="checkbox"/> Friday, March 9-Girls |
| <input type="checkbox"/> Saturday, February 18-Girls | <input type="checkbox"/> Friday, March 23-Co-Ed |
| <input type="checkbox"/> Saturday, February 25-Co-Ed | <input type="checkbox"/> Saturday, April 14-Boys |
| <input type="checkbox"/> Friday, March 2-Boys | <input type="checkbox"/> Saturday, April 28-Girls |

Payment:

_____ # member campers @ \$37 = _____
 _____ # non-member campers @ \$40 = _____
 _____ # member chaperones @ \$27 = _____
 _____ # non-member chaperones @ \$30 = _____

Total due: _____ = _____

Membership # _____

Method of Payment:

- Check/Money Order Visa MasterCard

Card Number _____

Expiration Date _____

Name as appears on card _____

Signature _____