

1

Gulf Coast Exploreum Camper Information

Camper Name: _____ Grade (Fall 2015): ___Age___

Name of Parents(s)/Guardian(s): _____

Camper Address: _____

Day Phone: _____

Cell Phone: _____

Email Address: _____

Exploreum Member? YES NO

2

Camp Selection

Please use the Camp Guide for pricing and to select the camp(s) you would like to register for your camper.

CAMP WEEK	4-6 y/o	7-8 y/o	9-11 y/o	12-14 y/o
5/25-5/29	\$	\$	\$	N/A
6/1-6/5	\$	\$	\$	N/A
6/8-6/12	\$	\$	\$	N/A
6/15-6/19	\$	\$	\$	\$
6/22-6/26	\$	\$	\$	\$
7/6-7/10	\$	\$	\$	\$
7/13-7/17	\$	\$	\$	\$
7/20-7/24	\$	\$	\$	N/A
7/27-7/31	\$	\$	\$	N/A
8/3-8/7	\$	\$	\$	N/A
TOTALS	\$	\$	\$	\$

Camp T-Shirts _____ x \$10 = \$ _____ Size (Please Circle One): Youth-S Youth-M Youth-L

Camp Total \$ _____ Adult-S Adult-M Adult-L Adult-XL

Total Amount Due \$ _____

3

Camp Payment

Check Enclosed (Please make check payable to the Gulf Coast Exploreum)

Visa Mastercard American Express Discover

Credit Card # _____ Exp. Date _____

Amount to be Charged to Credit Card: \$ _____

Signature: _____

Mail to: Exploreum P.O. Box 1968 Mobile, AL 36633, **Fax to:** 251-208-6889, or **Call:** 251-208-6849