

Holiday Camp Registration

Student name _____ Grade _____

Parent's name _____

Museum Member? Y N

Please choose a camp date: Dec. 29th or Jan. 4th

Full Address _____ zip _____

Email address _____

Home phone _____ Cell phone _____

- Please list anyone else allowed to pick up your child from camp? _____ phone _____
- Do we have your permission to photograph your child for PR purposes? Y N Today's date _____

Fee is \$40 for members and \$45 for non-members

Amount enclosed _____

Method of Payment:

Check # _____ Cash amount _____

Credit Card - Type of card: MC Visa Discover

CC# _____ exp. _____ 3 digit code on back _____

Mail payments to: The Grace Museum, PO BOX 33, Abilene, TX 79604