

CUB SCOUT DAYS

2009-2010 REGISTRATION FORM

www.davinci-center.org

DA VINCI
**SCIENCE
CENTER**
www.davinci-center.org ✱

Date of Program _____ Name of Program _____

Pack or Den # _____

Name of Group Leader _____

Address _____ City _____ State _____ Zip Code _____

Phone (Day) _____ Phone (Evening) _____

E-Mail Address _____

Secondary Contact Name _____

Address _____ City _____ State _____ Zip Code _____

Phone (Day) _____ Phone (Evening) _____

E-Mail Address _____

Number of Scouts _____ @ \$13.00 each = \$ _____

One (1) Leader Per Group _____ @ FREE = \$ _____

One (1) Co-Leader Per Group _____ @ FREE = \$ _____

Additional Chaperones Required for 1:5 Adult-to-Scout Ratio _____ @ FREE = \$ _____

Number of Additional Adults _____ @ \$9.95 each = \$ _____

Number of Siblings Ages 4 and Up _____ @ \$7.95 each = \$ _____

Due to classroom size, additional adults and siblings may not enter classroom.

Total Payment Due \$ _____

Payment Method _____ Check (payable to "Da Vinci Science Center")

_____ Visa _____ MasterCard

Name on Card (Print) _____

Card Number _____ Exp Date _____

Signature _____ Date _____

For registration information, call 484.664.1002, Ext. 129.

For program information, call 484.664.1002, Ext. 110.