

Camp Invention Registration Application

Where:
When:
Notes:

Child Information *(Required*)*

First Name* Last Name* Birth Date*

Does your child require an EpiPen®? *

Yes No

Gender* Ethnicity*

Allergies, prescribed medications, and/or special accommodations

Grade Fall 2022* School Fall 2022*

Please call 800-968-4332 a minimum of 8 weeks prior to the program start date for any 1:1 assistance or medication administration requests.

T-Shirt Size* Youth S-L or Adult S-L

Alternate Transportation Name, relationship, phone

How did you hear about camp?*

Photo Release*

Yes No

See <https://www.invent.org/terms-and-conditions>

Parent/Guardian Information *(Required*)*

First Name* Last Name* Phone* Email*

Address* No PO Boxes please City* State* Zip*

Payment [N/A Already Paid

Program Price Donation Discount Code / Amount

\$ \$ - \$

Add-Ons

- Extended Day \$80 (if available)
- Cancellation Insurance \$25

See <https://www.invent.org/terms-and-conditions>

Total Payment Amount Enclosed

\$

Pay With

Credit Card #* No Am Exp Exp Date*

Or

Check #* License #* Routing #* Account #*

Confirmation

Parent Signature* Date*

By registering your child you have read and agreed to the Terms & Conditions of the program, which can be found at <https://www.invent.org/terms-and-conditions> or by contacting us at 800-968-4332.