National Inventors Hall of Fame®

Camp Invention® Registration Application Form

Where:
When:
Notes:

Child Information (*Required**)

First Name* | Last Name* | Birthdate*

Gender* | Ethnicity* | Shirt Size* *Youth S–L or Adult S–XL*

School Fall 2026* | Grade Fall 2026 *

Alternate Transportation *Name, Relationship, Phone*

Photo Release* *See https://www.invent.org/terms-and-conditions*
◯ Yes ◯ No

Does your child require an epinephrine injector?*
◯ Yes ◯ No

Allergies, prescriptions, and/or special accommodations:

For any child needs that are NOT self-managed, please call 800-968-4332 a minimum of 12 weeks prior to start date; see https://www.invent.org/terms-and-conditions

Parent/Guardian Information

First Name* | Last Name* | Phone* | Email*

Address* *No PO boxes please* | City* | State* | Zip*

Payment (*N/A, already paid* ☐)

Program Price ..... $

☐ Donation *Help send children in need to camp* ..... $

☐ Before and After Care $100 *(If applicable)* ..... $

☐ Cancellation Insurance $30 *See https://www.invent.org/terms-and-conditions* ..... $

☐ Voucher/Promo Code & Amount *(If applicable)* ..... Code: –$

Total Payment Amount Enclosed .....

☐ Credit Card # *(No American Express)* | Exp. Date

☐ Check # | License # | Routing # | Account #

Confirmation

Parent/Guardian Signature* | **Date***

By registering your child you certify that you have obtained, read and agreed to the Terms & Conditions of the program (incorporated by reference herein), which can be found at https://www.invent.org/terms-and-conditions or by contacting us at 800-968-4332.

Camp Invention® | Invention Project® | Club Invention® | Collegiate Inventors Competition®