

Hiller Aviation Museum After-School Aviators Registration Form 2010

Use a separate registration form for each child. Payment must accompany form. Space is limited and all registrations are subject to confirmation.

Student Information

Child's Name: _____ Grade: _____

Street: _____

City, State, ZIP: _____

Email Address: _____ Member #: _____

Topic	Day	Time	Dates	Open to Grades	Price
Sky Science	Tue	3:30—4:50	4/13, 4/20, 4/27, 5/4	1-5	
Test Pilot Lab II	Thu	3:30—4:50	4/15, 4/22, 4/29, 5/6	4-8	
TOTAL					

Program prices are \$50 per four-week session (\$45 Members) and cannot be pro-rated for missed dates.

Cancellations made at least one week prior to program start date are subject to a \$10 processing fee. No refund for cancellations made less than one week prior to program start.

Emergency Contact Information

Include all adults authorized to pick up child.
Please note program end time and sign your child out on time.

Parent/Guardian #1: _____

Day Phone: _____ Cell Phone: _____

Parent/Guardian #2: _____

Day Phone: _____ Cell Phone: _____

Does your child have any allergies, special health concerns, or need special accommodation to participate in the program? If so please explain.

Payment Information

_____ Check/Money Order payable to Hiller Aviation Museum enclosed

_____ Master Card _____ Visa _____ American Express

Card Number: _____

Expiration Date: _____ Name on Card: _____

_____ I would like to become a Museum Member. I have added \$75 to my check amount (or authorize an additional \$75 charge on my credit card) for a family membership. (Higher membership levels are available. For more information, visit www.hiller.org/membershp.shtml).

To Register

By Mail: Hiller Aviation Museum
Education Department
601 Skyway Rd.
San Carlos, CA 94070

By Fax: (650) 654-0220 (credit card payment only)

In Person: Drop off at the Hiller Aviation Museum Gift Shop, open
10 AM to 5 PM.