

Hiller Aviation Museum
Aviation Camp Registration Form
 Summer 2012

Use a separate registration form for each child. Payment must accompany form.

Camper Information

Child's Name: _____ Grade Fall '12: _____

Street: _____

City, State, ZIP: _____

Email Address: _____ Member #: _____

Grouping Request: _____

Sessions Requested

Session #	Start Date	Topic	Full/Half Day	Extended Hours AM/PM/BOTH	Price
		(Field Trip Fee—Air & Space Camp Only)			(\$20)
Total					

Camp Prices (Per Session)

Category	Regular Price	Member Price*
Elementary—Full Day	\$ 335	\$ 299
Elementary—Half Day	\$ 205	\$ 185
Session 5 4-Day Camp Price	\$ 285	\$ 249
Advanced—Full Day**	\$ 429	\$ 395
Extended Hours (AM 8-8:50 AM)	\$ 40	\$ 40
Extended Hours (PM 4-5:30 PM)	\$ 60	\$ 60
Extended Hours (AM and PM)	\$ 90	\$ 90
Field Trip Fee (Air & Space Only)	\$ 20	\$ 20

*Current Museum Members at the Family level or higher are eligible for Member price.

**Aerospace Design Lab, Airline Transport Pilot and Camp Starhawk are Advanced Camps

Cancellation/Refund Policy

Camp reservations may be changed or cancelled no later than three weeks prior to camp start date. A \$35 per session processing fee will be deducted from all refunds (\$15 for changes from Full Day to Half Day). Schedule changes are subject to a \$15 processing fee.

T-Shirt Size: _____ Youth S _____ Youth M _____ Youth L _____ Adult M _____ Adult L

Camp Photos: Your child may be filmed or photographed at camp for publicity and education purposes and included in a group photo to be emailed to you at the end of the camp week.

_____ I do not wish my child to be photographed for publicity or education purposes.

_____ I do not wish my child to be included in the group photo.

Emergency Information

Parent/Guardian #1: _____

Day Phone: _____ Cell Phone: _____

Parent/Guardian #2: _____

Day Phone: _____ Cell Phone: _____

Allergies/Health Concerns: _____

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 enclosed (or approve for credit card charge) an additional \$75 for a one-year Family Membership.

To Register

By Mail: Hiller Aviation Museum
Aviation Camp
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, 10 AM—5 PM