



Camp Week 1: June 15-18, 2010 • Camp Week 2: August 3-6, 2010
Student Ages 9-15 • 9:00 am-4:00 pm each day

Full Name of Camper: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School's Name: \_\_\_\_\_ Entering Grade #: \_\_\_\_\_

Please Check Camp Date: June 15-18, 2010 \_\_\_\_\_
August 3-6, 2010 \_\_\_\_\_

How did you hear about Camp?
Internet \_\_\_\_\_ Newspaper \_\_\_\_\_
Radio \_\_\_\_\_ Other \_\_\_\_\_
Previous Student \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_
(required for confirmation and camp forms)

Tuition: \_\_\_\_\_ Pay in Full Now: \$250.00 per student.

Please check here is you would like an application for Tuition Assistance \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send Form and Payment to: Space Port Indiana™
4770 Ray Boll Blvd.
Columbus, Indiana 47203

You Can Also email form to: Contactus@SpacePortIndiana.com or Call 765.606.1512