

Hiller Aviation Museum Camp Skyhawk Registration Form

Summer 2010

Camp Skyhawk is for aviation enthusiasts entering Grades 6-8 in Fall 2010. Enrollment in Aviation Camp for Grades 1-5 must be completed on an Aviation Camp form. See www.hiller.org for complete information on programs for younger campers.

Payment must accompany form. Space is limited and all registrations are subject to confirmation.

Camper Information

Child's Name: _____ Grade Fall '10: _____

Street: _____

City, State, ZIP: _____

Email Address: _____ Member #: _____

Grouping Request: _____

Select Your Session

Session #	Dates	Topic	Full/Half Day	Extended Hours AM/PM/BOTH	Price
4-S	Jul 5 th -9 th	Camp Skyhawk	FULL DAY		
7-S	Jul 26 th -30 th	Camp Skyhawk	FULL DAY		
10-S	Aug 16 th -20 th	Camp Skyhawk	FULL DAY		
Total					

Skyhawk Camp is available for Full Day campers (9 AM—4 PM) only. Price includes field trip/rocket launch fee.

Camp Prices (Per Session)

Category	Regular Price	Member Price
Full Day	\$ 395	\$ 360
Extended Hours (AM or PM)	\$ 40	\$ 40
Extended Hours (AM and PM)	\$ 80	\$ 80

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 accommodated on a space-available basis and are subject to a \$15 processing fee.

T-Shirt Size: _____ 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