



**1940 AIR TERMINAL
MUSEUM**

1940 AIR TERMINAL MUSEUM DAY CAMP

REGISTRATION FORM-SUMMER 2020

Phone: 713-454 1940 ✈ Fax: 713-454-1930
8325 Travelair, Houston, TX 77061 ✈ info@1940airterminal.org

Enrollment: Our Summer Day Camp will accommodate a maximum of 10 students. The 1940 Air Terminal Museum will provide at minimum 3 instructors/chaperones. Upon arrival, participants will be spaced out in the classroom to allow for safe social distancing.

Schedule: Summer Day Camp will be held on Thursday, July 23 or Thursday, August 13 from 9am-4pm. You can only register for one class. Doors open at 8:30am for sign-in. Activities are staggered throughout the day on a rotation schedule that includes 2 fifteen-minute breaks and a thirty-minute lunch break. **Students are to bring their own sack lunch.**

Payment: Each participant's registration fee is due in full when he or she submits their registration form. Registration is \$50 per student or \$45 per student for museum members. Students will receive a complimentary museum branded water bottle with their registration.

Reservations: Registration Form, Photo Release Waiver, and the Medical Liability Release Waiver, along with full payment, must be received at least one week prior to the camp. Completed forms and payment may be personally delivered or mailed to the 1940 Air Terminal Museum (see above address), or emailed to info@1940airterminal.org

Cancellations: Cancellations must be received by phone or email at least 1 week prior to the camp. Cancellations made after this time will result in forfeiture of half of the registration fee. No-shows will result in forfeiture of the full registration fee.

PERSONAL INFORMATION					
PARTICIPANT'S NAME			BIRTHDATE (MM/DD/YYYY)	AGE	
PARENT'S/GUARDIAN'S NAME (IF UNDER 18 YRS OF AGE)			EMAIL		
STREET ADDRESS			HOME PHONE		
CITY	STATE	ZIP	CELL PHONE		
PAYMENT INFORMATION		Program Fee: Student \$50 Member \$45		Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check (# _____)	
NAME ON CREDIT CARD			TYPE	BILLING ZIP CODE	
CREDIT CARD #			EXPIRATION DATE	SECURITY CODE	
EVENT DATE (Check the program you are applying for)					
<input type="checkbox"/> July 23 rd , 2020 (9am-4pm) <input type="checkbox"/> August 13 th , 2014 (9am-4pm)					
Notice: Completed and signed PHOTO RELEASE and MEDICAL & LIABILITY WAIVERS must be included with payment for registration to be valid.	What to Bring: -Water bottle (or use Museum provided bottle) -Sack lunch -Wear comfortable clothes -Wear closed toe shoes (no sandals or flip flops)			FOR OFFICE USE: <input type="checkbox"/> Fee Paid <input type="checkbox"/> Photo Release Waiver <input type="checkbox"/> Medical & Liability Release <input type="checkbox"/> Cancellation (__/__/____)	