

OFFICE USE ONLY	
Camper receipt #	
Camp #	
Date/Time received	



SANCTUARY EXPLORERS CAMP

REGISTRATION FORM 2009

Camp Description and Information: Explore the hidden treasures of our coast, become a junior marine scientist, and help protect our local marine sanctuaries – all in one exciting week. Campers will investigate the fascinating array of plants and animals of the Sanctuary by visiting tidepools, sandy beaches and coastal wetlands. This action-packed week culminates in a kayaking adventure on the San Francisco Bay.

- * Camp Hours: 8:30 AM – 3:30 PM
- * Fee: \$350 per week.
Early Enrollment Fee: \$330 (Must sign up on or before March 15th, 2009).
FMSA Member Fee: \$330 (To become a member, visit: www.farallones.org)
- * Extended care is available from 3:30 – 5:00 PM for an additional \$15 per day.

Registration Information: Please fill out one registration form *per child* and return it to FMSA with payment. Checks should be made out to “Farallones Marine Sanctuary Association”. Registrations are accepted by fax, mail or in person and are processed in the order they are received.

- * **Cancellation Policy:** Camp fees are refunded in full for cancellations made by May 2009. A 50% refund will be given for cancellations made up to four weeks before the first day of camp, and no refunds will be given beyond that date.
- * **Confirmation:** Email or phone confirmation will be made *as soon as your registration has been processed*. A Camper Package with medical and consent forms, day-to-day camp agenda, directions to our facility and general camp information will be mailed out in May.

Financial Aid & Scholarship Fund:

- * **Financial Aid** is available based on need. Download a printable application form from our website, www.farallones.org, or call us to make a request for an application by mail. A completed registration form must accompany financial aid applications or they will not be accepted.
- ☛ **Help a camper attend Sanctuary Explorers Camp!!** If you can donate towards our camp scholarship fund, you will make a week of ocean exploration come alive for a child who may not otherwise have the opportunity!

How did you hear about Sanctuary Explorers Camp? _____

Camper & Contact Information

Camper's Name:		Date of Birth:	
Last	First		
Parent / Guardian Name:		Grade camper is entering Fall 09:	
Last	First		
Mailing Address:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
City:	State:	Zip Code:	Home Phone:
Work Phone:	Mobile Phone:	Email:	

Camp Sessions

<input type="checkbox"/> Session A (Ages 8-12): July 6-10	\$
<input type="checkbox"/> Extended Care: \$15 x _____ days =	\$
<input type="checkbox"/> Session B (Ages 8-12): July 20-24	\$
<input type="checkbox"/> Extended Care: \$15 x _____ days =	\$
<input type="checkbox"/> Donation towards Camp Scholarship Fund☛	\$
Total Enclosed	\$

Payment Information

Payment Method:	
<input type="checkbox"/> Visa	<input type="checkbox"/> MC <input type="checkbox"/> Check
Cardholder's name:	
Card No.	Exp. Date
Signature	

**Please MAIL or FAX registration forms to: Sara Heintzelman, Farallones Marine Sanctuary Association, The Presidio, 991 Marine Drive, San Francisco, CA 94129
Fax: (415) 561-6616 Phone: (415) 561-6625 x304**