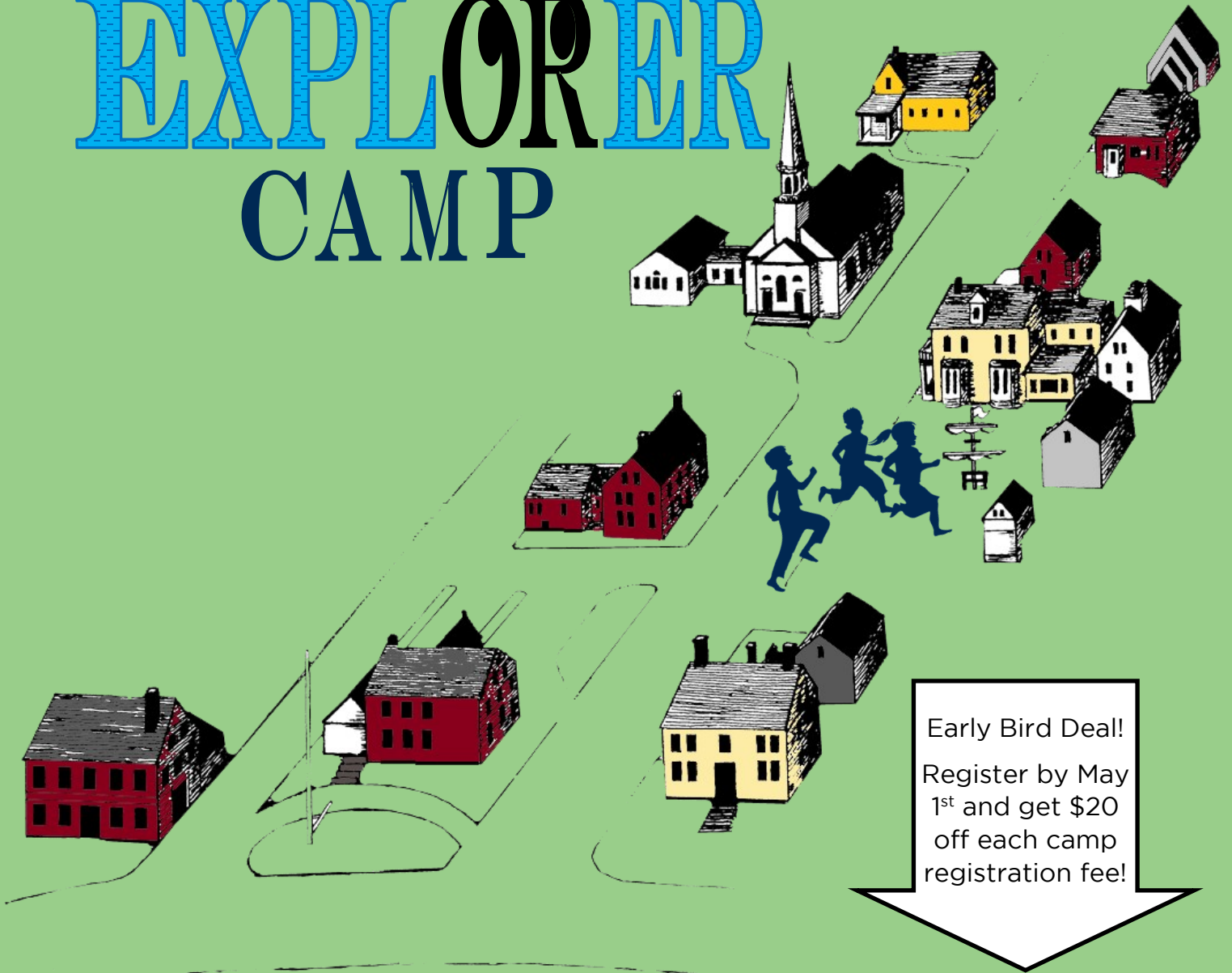


PENOBSCOT
MARINE MUSEUM
CHILDREN'S

EXPLORER CAMP



Early Bird Deal!
Register by May
1st and get \$20
off each camp
registration fee!

Monday, July 15th - Friday, July 19th 9am-4pm, Ages 5-8
Monday, July 29th - Friday, August 2nd 9am-4pm, Ages 9-12

\$195 per camper or \$160 for PMM members

Go on daily adventures at the Penobscot Marine Museum with games, crafts, hands-on activities, music, exhibits, and more! Registration deadline is July 8th

Questions? Ready to register?
Call 207-548-2529 or
email jganskop@pmm-maine.org

www.penobscotmarinemuseum.org

2 Church Street/P.O. Box 49

Searsport, ME 04974

Summer 2019 Children's Explorer Camp Registration

Complete the camper's name and age, then check which camp dates he or she will be attending.

1. Camper's Name _____ Age _____

Children's Explorer Camp (Ages 5-8), July 15th-July 19th Children's Explorer Camp (Ages 9-12), July 29th-August 2nd
Please list any allergies or medications we should be aware of: _____

2. Camper's Name _____ Age _____

Children's Explorer Camp (Ages 5-8), July 15th-July 19th Children's Explorer Camp (Ages 9-12), July 29th-August 2nd
Please list any allergies or medications we should be aware of: _____

3. Camper's Name _____ Age _____

Children's Explorer Camp (Ages 5-8), July 15th-July 19th Children's Explorer Camp (Ages 9-12), July 29th-August 2nd
Please list any allergies or medications we should be aware of: _____

Photo Release

I grant to Penobscot Marine Museum, its representatives and employees the right to take photographs of my child/children and my property. I authorize Penobscot Marine Museum, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Penobscot Marine Museum may use such photographs of me with or without my child's/children's name(s) and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

Guardian's Signature _____

Guardian's Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Mailing Address _____

E-mail Address _____

Check here if you DO NOT want to receive occasional e-mails about upcoming events & programs

Check the box to choose the camp(s) and add the totals in the column to the right.

	Total
Children's Explorer Camp (Ages 5-8) July 15 th - Friday, July 19 th 9AM-4PM <input type="checkbox"/> \$195/child, <input type="checkbox"/> \$160/member child _____	
Children's Explorer Camp (Ages 9-12) July 29 th - Friday, August 2 nd 9AM-4PM <input type="checkbox"/> \$195/child, <input type="checkbox"/> \$160/member child _____	
	Total _____

I have enclosed a check in the amount of \$ _____ payable to Penobscot Marine Museum.

OR Please charge credit card

Name as it appears on card _____

Account Number _____ Expiration Date _____

CVC Code (3 digit # on back of card) _____ Signature on Card _____

Please return this completed form along with payment to:

Penobscot Marine Museum
2 Church St./P.O. Box 498, Searsport, ME 04974

or jganskop@pmm-maine.org