



# bakken museum youth programs registration form

Print, complete and mail, fax or drop off this form to register up to two participants for Summer Science Day Camp, Inventors' Club, LEGO® Robotics Team or Passport to Invention. For group registrations call 612-926-3878.

### Parent/Guardian Information:

Parent/Guardian First and Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Program Participant Address (if different) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Program Participant #1 Information:

Participant First and Last Name \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering School Grade \_\_\_\_ Gender:  Male  Female  
Program(s):  
 Summer Science Day Camp ..... Session Number \_\_\_\_ Session Dates \_\_\_\_\_ Fee \_\_\_\_\_  
 Inventors' Club ..... Program Level:  Explorers (Ages 9-11)  Inventors (Ages 12-14)  Investigators (Ages 15+)  
Program Dates \_\_\_\_\_ Fee \_\_\_\_\_  
 LEGO® Robotics Team ..... Program Level:  Team 1 (Ages 7-8)  Team 2 (Ages 9-11)  
Program Dates \_\_\_\_\_ Fee \_\_\_\_\_  
 Passport to Invention ..... Number:  1 Visit  3 Visits  6 Visits ..... Fee \_\_\_\_\_

### Program Participant #2 Information:

Participant First and Last Name \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering School Grade \_\_\_\_ Gender:  Male  Female  
Program(s):  
 Summer Science Day Camp ..... Session Number \_\_\_\_ Session Dates \_\_\_\_\_ Fee \_\_\_\_\_  
 Inventors' Club ..... Program Level:  Explorers (Ages 9-11)  Inventors (Ages 12-14)  Investigators (Ages 15+)  
Program Dates \_\_\_\_\_ Fee \_\_\_\_\_  
 LEGO® Robotics Team ..... Program Level:  Team 1 (Ages 7-8)  Team 2 (Ages 9-11)  
 Passport to Invention ..... Number:  1 Visit  3 Visits  6 Visits ..... Fee \_\_\_\_\_

**Total Program Fees:** ..... \$ \_\_\_\_\_

### Payment Method:

Cash  Check (please make payable to The Bakken Museum)  
 Credit Card:  Visa or  Mastercard # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name on Card \_\_\_\_\_ Billing Zip Code (if different from above) \_\_\_\_\_  
Signature \_\_\_\_\_

Please mail or fax this form to: Attn: Visitor Service • The Bakken Museum • 3537 Zenith Avenue South • Minneapolis, MN 55416 • Fax: 612-927-7265

- Program scholarships are available. For information, call 612-926-3878.
- Program discounts are available to museum members. For information, call 612-926-3878.
- Program registrations will be processed in the order received and payment will be processed if there is space available in the program(s) selected. You will receive confirmation by mail once payment has been processed.
- If you cancel, \$25 of each session is non-refundable. For cancellations: at least 30 days prior to program start date you will receive a refund for the total program fees less the non-refundable portion (\$25); at least 14 days prior to program start date you will receive a refund for 75% of the total program fees less the non-refundable portion (fee times \$0.75 minus \$25); at least 7 days prior to program start date you will receive a refund for 50% of the total program fees less the non-refundable portion (fee times \$0.50 minus \$25); no refund if cancellation is less 7 days prior to program start date.