Youth Programs Registration Form

Print, complete and mail, fax or drop off this form to register up to two participants for any Bakken Museum program registration.

Parent/Guardian Information:

Parent/Guardian First and Last Name _________________________________________________
Address ____________________________________________________________________________
City/State/Zip _______________________________________________________________________
Home Phone ____________________ Work Phone ____________________________
Cell __________________________ E-mail Address ________________________________
Participant Address (if different)
City/State/Zip ______________________________

Program Participant #1 Information:

Participant First and Last Name _______________________________________________________
Birth Date _____/_____/____   Entering School Grade_____   Gender: ☐ Male ☐ Female
Program(s):
☐ Summer Camp ..................... Session Number _____   Session Dates____________________ Fee______________
☐ Inventors Club .................. Program Level: ☐ Ages 9-11 ☐ Ages 12-14 ☐ Ages 15+
                                               Program Start Dates____________________ Fee______________
☐ LEGO® Robotics ................... Program Level: ☐ A.M. (Intro) ☐ P.M. (Challenge)

Program Participant #2 Information:

Participant First and Last Name _______________________________________________________
Birth Date _____/_____/____   Entering School Grade_____   Gender: ☐ Male ☐ Female
Program(s):
☐ Summer Camp ..................... Session Number _____   Session Dates____________________ Fee______________
☐ Inventors Club .................. Program Level: ☐ Ages 9-11 ☐ Ages 12-14 ☐ Ages 15+
                                               Program Dates____________________ Fee______________
☐ LEGO® Robotics ................... Program Level: ☐ A.M. (Intro) ☐ P.M. (Challenge)

Total Program Fees: ........................................................................................................ $ ________________

Payment Method:

☐ Cash ☐ Check (please make payable to The Bakken Museum)
☐ Credit Card: ☐ Visa or ☐ Mastercard # __________________________ Exp. Date __________ CVC _______
Name on Card ___________________________________________ Billing ZIP (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).

Company/Education/Invention Programs/YouthProgramsRegform.pdf
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