

Pacific Whale Foundation Ocean Camp

For grades K-5

OFFICE USE ONLY
Reservation Entered

(Date, Time, and Name)

Camper's Name: _____ Age: _____ Entering Grade Level: _____

You can sign up for an entire week of camp, or select days. You Choose!

Winter Sessions

Cetaceans in the Sea - December 19-22, 2011: Monday: Maui Ocean Center Tuesday: Whalewatch
 Wednesday: Beach Investigation Thursday: Whalewatch

Turtles - December 27-30, 2011: Tuesday: Maui Ocean Center Wednesday: Windsurfing
 Thursday: Beach Investigation Friday: Whalewatch

Registration before December 10th: \$67/day, **\$56/day Kama'aina, Members \$50** Membership #: _____

Registration after December 10th: \$72/day, **\$61/day Kama'aina, Members \$55** Membership #: _____

Registration late (24 hours prior) or day-of: \$77/day, **\$66/day Kama'aina, Members \$61** Membership #: _____

Please check here if you are not a Pacific Whale Foundation member and would like to join at this time. Please enclose \$60 for Membership fee.

Please tell us how you heard about our camp: _____ **School attending:** _____

Note: Camp payment in full is required at the time of registration. This payment is fully refundable up to two weeks prior to the start of each camp session. We will refund 50% of the payment if you cancel up to 48 hours before the start of camp. No refunds without 48 hours cancellation notice prior to camp start date. We require a minimum of 6 campers for each camp session.

Total payment enclosed: \$ _____

Method of Payment

Check enclosed, make check payable to: **Pacific Whale Foundation**

Visa Mastercard American Express

Card # _____ Exp. Date: _____ Sec. Code: _____

Name on credit card (please print): _____

Parent or Guardian Name (required): _____

Email Address (required): _____ Home Phone (required): _____

Work Phone: _____ Cell Phone: _____

Mailing Address (required): _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

First Name (required): _____ Relationship: _____ Phone (required): _____

* Any Allergies? (If none, please write "none"): _____

* Any Medical Conditions? (If none, please write "none"): _____

* Physician Name & Phone (If none, please write "none"): _____

Health Insurance Carrier & Policy Number: _____

Questions? Prefer to register by phone? Call 249-8811 ext.1 Wish to speak with our Camp Director? Call 856-8341 or email karenmolina@pacificwhale.org

Please mail or drop off this form to: **Pacific Whale Foundation, Ocean Discovery Camps**
300 Ma'alaea Road, Suite 211, Wailuku, HI 96793
(Located next to Maui Ocean Center)

Or you may fax it to: (808) 243-9021

