

**SPECTRUM OF SCIENCE FOUNDATION:  
Let the Learning Begin!**

925-820-2415

Please mail this form with the attached release form & a check payable to SPECTRUM OF SCIENCE FOUNDATION to 317 Barton Ct. Danville, CA 94526 at least 7 days prior to start of Camp. Late registrations will be accepted only if space is available. Email confirmation of enrollment sent at time of registration.

|                                       |
|---------------------------------------|
| Student's Name                        |
| Phone Number                          |
| Address                               |
| City & Zip                            |
| Birthday                              |
| Emergency Contact Name & Phone Number |
| Grade & School                        |
| Email for Confirmation                |

| School/Camp Location | Dates | Fee | Topic |
|----------------------|-------|-----|-------|
|                      |       |     |       |
|                      |       |     |       |
|                      |       |     |       |
|                      |       |     |       |
| Total Attached Check |       |     |       |

My child has my permission to attend SPECTRUM OF SCIENCE FOUNDATION'S program.

\_\_\_\_\_  
Parent (print name)

\_\_\_\_\_  
Signature