



Brownie & Junior Girl Scout

SciWorks 2012 Scout Camp-In!

Have a blast at the SciWorks' Science Camp-In for scouts and participate in many fun-filled activities. Come work with other troops; explore the museum and environmental park, and experience the planetarium and science shows! Brownies will enjoy participating in this refreshing expedition through the "Wonders of Water" portion of their Journey, while Juniors can start their Journey to "Get Moving". A pizza snack and continental breakfast is included. Registration is limited and we advise to register early.

When: Junior Girls & Brownies April 20, 2012
Friday night check-in begins at **5:45pm**. Orientation begins at **6:45pm**. Camp-In is over Saturday morning **9:30am**.

Where: SciWorks Science Center
400 West Hanes Mill Rd
Winston-Salem, NC 27105-9667

Fees: \$40 per scout, scout leaders free, additional parents \$15. A \$50 non-refundable deposit is required to reserve space. The deposit is deducted from balance.

Please email or call Christy Ferguson at (336)714-7105, cferguson@sciworks.org to request a registration packet.

SciWorks Camp-In Registration 2012

Cub Scouts (All levels): Mar. 2 Mar. 9 Mar. 16

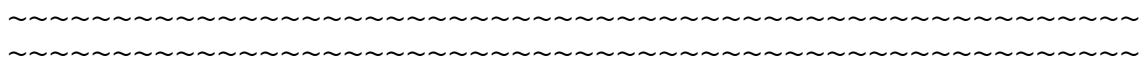
Brownies & Juniors: Apr. 20



Pack/Troop #: _____ Scout Leader: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime #: _____ Evening #: _____

(Please fill in total numbers for each level to the best of your ability!)

Tiger: _____ Bears: _____ Wolves: _____ Webelos: _____
 Brownies: _____ Juniors: _____



Total # of Campers: _____ X \$40.00 \$ _____
 Total # of Leaders: _____
 Total # of Paying Adults: _____ X \$15.00 \$ _____
 Total Amount Due \$ _____
 Total Amount Paid (minimum \$50.00 deposit required) \$ _____

For Credit Card Payments:

VISA _____ Card #: _____
 MC _____ EXP. Date: _____
 Name on Card: _____

(Number of adults registered may not exceed number of scouts.)

- Make checks payable to **SciWorks**.
- Mail registration to SciWorks, 400 W. Hanes Mill Rd. Winston-Salem, NC 27105
- Registrations with credit card payments can be faxed to 336-661-1777
- Full payment is due one month prior to Camp-In.
- If your number attending changes please let us know immediately.

SciWorks

Medical Information and Emergency Authorization

Scout's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Attending with Troop/Pack/Den: _____ Scout Leader: _____

Brownie ____ Junior ____ Tiger ____ Wolf ____ Bear ____ Webelos ____



List all medical conditions or allergies (including food allergies) of your child:

List all medications that your child is currently taking:

Physician or Pediatric Group: _____ Phone #: _____

Preferred hospital (choice may be determined by responsible emergency personnel):

In case of emergency and a parent can not be reached, please list a friend or relative that would be available during camp-in hours.

Name: _____ Phone #: _____



In the event of an emergency, I authorize SciWorks to seek appropriate medical attention for my child, including the right to authorize medical treatment in my absence. I understand that I am financially responsible for all medical services.

Signature: _____ Date: _____