

Bell Museum Summer Camp Registration Form

Name of Parent or Guardian _____

Name of Child _____ Grade _____

Address _____

City _____ State _____ ZIP _____

Phone (day) _____ (evening) _____

Camp Name _____ Date _____

2nd choice camp _____

Museum Member, Member # _____ Non-member _____

e-mail _____

Method of Payment:

Check (Payable to the University of Minnesota)

Visa

MasterCard

Discover

Account # _____ Exp. Date _____

Signature (required if using credit card) _____

How did you hear about us?

MN Parent Family Times TPT Magazine Star Tribune

Kid Fest museum lobby Bell Museum calendar friend

other: (please specify) _____

To register by mail, complete the attached form, include payment and mail to:
Bell Museum Program Registrations, 10 Church Street SE, Minneapolis, MN 55455, or fax to
612-626-7704.