



Please make check payable to MARYLAND SCIENCE CENTER. Payment in full and a completed roster are due with this registration. Registration closes when event capacity is reached. There will be no refunds once this registration is confirmed. Registration fees are transferable to other members of your Troop.

Send to: Camp-In, Maryland Science Center, 601 Light Street, Baltimore, MD 21230.

Please select the date your group wants to attend. Space is very limited, so if more than one date works, please rank them 1-2-3 in order of preference. Thank you.

<input type="checkbox"/> Friday, Jan. 13	<input type="checkbox"/> Friday, Feb. 17	<input type="checkbox"/> Friday, Apr. 20
<input type="checkbox"/> Saturday, Jan. 14	<input type="checkbox"/> Saturday, Feb. 18	<input type="checkbox"/> Friday, Apr. 27
<input type="checkbox"/> Friday, Jan. 27	<input type="checkbox"/> Friday, Mar. 2	<input type="checkbox"/> Saturday, Apr. 28
<input type="checkbox"/> Saturday, Jan. 28	<input type="checkbox"/> Saturday, Mar. 3	
<input type="checkbox"/> Friday, Feb. 3	<input type="checkbox"/> Friday, Mar. 30	
<input type="checkbox"/> Saturday, Feb. 4	<input type="checkbox"/> Saturday, Mar. 31	

Council Name _____ Troop # _____

County _____ Level (circle all that apply) Jr. 4th gr. Jr. 5th gr.

Troop Leader _____ Did you attend last year? Y _____ N _____

Home Phone _____ Work Phone _____

Adult-in-Charge at Camp-In _____

Home Phone _____ Work Phone _____

To whom a hard-copy confirmation packet should be sent:*

Name _____

Street Address _____

City _____ State _____ Zip _____

of adults: _____ x \$40.00 = \$ _____

of children: _____ x \$40.00 = \$ _____

\$ _____ Total Enclosed

*Would you prefer to have the confirmation packet sent to you via email? (MS Word document) Yes _____ No _____

E-mail address: _____

(Please print VERY clearly)

For MSC Use Only: Received _____ Confirmed _____

Check #(s) _____