



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 Webelos members of your Pack.

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.

- |                        |                        |
|------------------------|------------------------|
| ____ Friday, Jan. 6    | ____ Saturday, Feb. 25 |
| ____ Saturday, Jan. 7  | ____ Friday, Mar. 9    |
| ____ Friday, Jan. 20   | ____ Saturday, Mar. 10 |
| ____ Saturday, Jan. 21 | ____ Friday, Mar. 23   |
| ____ Saturday, Feb. 11 | ____ Saturday, Mar. 24 |
| ____ Friday, Feb. 24   |                        |

Council Name \_\_\_\_\_ Pack/Den# \_\_\_\_\_

County \_\_\_\_\_ Level (circle all that apply) 1st year 2nd year

Pack/Den 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) \_\_\_\_\_