

**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