

Fernbank Science Center Science Night Out Registration Form

Please print or duplicate this brief form (a separate one for each child, please) and include a check payable to "Fernbank Science Center LINKS" in the amount of **\$20 per child**.

Date of Science Night Out Program (Please circle a date below):

January 20

February 17

April 14

May 5

Child's Name: _____

Grade Level: _____ **School:** _____

Parent's Name: _____

Contact Information (for evening of event):

E-mail address (for confirmation of registration): _____

Home Phone: _____ **Cell Phone:** _____

Amount Included: _____ **Zip Code of Child's residence:** _____

I give permission for my child, _____, to be photographed during Science Night Out Activities at Fernbank Science Center. Photographs may be used by Fernbank to promote its educational programs and activities.

Parent Signature