

Please print or duplicate this brief form (a separate one for each child, please).  
Include a check payable to "Fernbank Science Center LINKS"  
in the amount of \$15 (plus \$10 for each additional sibling).

Mail to:

**Registrar: Science Night Out  
Fernbank Science Center  
156 Heaton Park Drive N.E.  
Atlanta, Georgia 30307**

**Child's Name:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Contact Information for the evening registered:** \_\_\_\_\_

\_\_\_\_\_

**E-mail address (for registration confirmation):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**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 programs and activities for the general  
public.**

\_\_\_\_\_

Parent Signature