



Camp Week 1: June 15-18, 2010 • Camp Week 2: August 3-6, 2010
Student Ages 9-15 • 9:00 am-4:00 pm each day

Full Name of Camper: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Sex: _____ Date of Birth: _____

School's Name: _____ Entering Grade #: _____

Please Check Camp Date: June 15-18, 2010 _____
August 3-6, 2010 _____

How did you hear about Camp?
Internet _____ Newspaper _____
Radio _____ Other _____
Previous Student _____

Parent / Guardian: _____

Phone: () _____ Emergency Phone: () _____

E-mail Address: _____
(required for confirmation and camp forms)

Tuition: _____ Pay in Full Now: \$250.00 per student.

Please check here is you would like an application for Tuition Assistance _____

Signature: _____ Date: _____

Send Form and Payment to: Space Port Indiana™
4770 Ray Boll Blvd.
Columbus, Indiana 47203

You Can Also email form to: Contactus@SpacePortIndiana.com or Call 812.405.6146

www.SpacePortIndiana.com