



Junior Docent 2008 Registration Form

Salvador Dalí Museum Summer Camp Ages 9-13

Three sessions to choose from: June 9th – 14th / June 23rd – 28th / July 21st – 26th

Please circle the week desired and fill out a form for each child attending

Child Name _____ **Age:** _____

School Attended _____

Parent/Guardian's Name _____

Address: _____ **Apt./Bldg #** _____

City/ State /Zip _____

Contact Phone number: Home _____ **Cell** _____

Email _____

Emergency Contact

Name _____ **Relationship to child** _____ **Phone** _____

How did you hear about the Junior Docent Summer Camp? _____

Is this your child first time attending the Jr. Docent Summer Camp? Yes ____ No ____

Please list persons authorized to pick up your child:

Name	Relationship	Phone #

Does your child have any medical conditions or special care needs we need to be aware of?

Please explain in detail (attach additional sheet of paper if necessary)

Page 1 of 2 – Please complete next page

* The Salvador Dalí Museum Summer Jr. Docent Program is conducted by staff and volunteer Docent s. The Museum does not staff a nurse or doctor on site and cannot take responsibility for administering medication(s) to your child.



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Child Name _____

I hereby give the Salvador Dalí Museum., Inc. St. Petersburg, Florida permission to record the image and /or voice of my child, and I grant the Dalí Museum all rights to use these sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of the museum. I agree that all rights to the sound, still, or moving or images belong to the Salvador Dalí Museum.

Signature of parent/guardian _____ Date _____

Payment

Jr. Docent Summer Camp Fee \$ 75 Dalí Members _____ \$ 100 Non - Members _____
The fee includes supplies, snacks, prizes and one T-shirt.

- Cash (in person only) in amount of \$ _____
- Check payable to **Salvador Dalí Museum, Inc.** in amount of \$ _____
- MasterCard / Visa / Discover / AMX (circle one)

Card Number _____ Exp. Date _____

Name on Card _____ Signature _____

Send completed registration form to:

Salvador Dalí Museum
 Attn: Junior Docent Program
 1000 3rd St. South
 St. Petersburg, FL 33701
 Phone: 823-3767, ext. 3024
 Email: mguerrero@salvadordalimuseum.org