



New Jersey Sea Grant Consortium

Marine Science Day Camp Registration Form

Child's name: _____

Age as of 9/2015: _____

Grade Level as of 9/2015: _____

Parent/Guardian Name: _____

Day Time Phone: _____

Cell Phone: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Email Address (please print clearly): _____

5th-6th grades Session 1 July 06-10 Session 5 August 03-07

(\$300.00 per child)

7th 8th & 9th grades Session 2 July 13 -17 **7th & 8th grades** Session 6 August 10-14

(\$300.00 per child)

3rd -4th grades Session 3 July 20-23

(\$240.00 per child)

4th, 5th & 6th grades Session 4 July 27-July 31

(\$300.00 per child)

Camp Code: _____

Please Note: **NO** registration form will be accepted without prior phone reservation and special camp code. Driving directions and camp guidelines will be sent prior to the beginning of your child's scheduled camp session. For camp code call 732-872-1300 x19

Return this form with payment to: NJ Sea Grant Consortium Day Camp 22 Magruder Road Fort Hancock, NJ 07732
Attention: Rosemary Higgins

REFUND POLICY: Cancellations received and confirmed by the NJS GC within two weeks of your child's scheduled session will receive a full refund. In addition, once camp begins, there will be no refunds issued for missed days or early departures.