

## Dr. B.'s Science Destinations 2009

Please Print Carefully and Complete Entire Application in Full

**Full Name** \_\_\_\_\_ **Sex** \_\_\_\_\_

PRINT MUST BE LEGIBLE

School attending \_\_\_\_\_ Grade in September \_\_\_\_\_ Age \_\_\_\_\_

PRINT MUST BE LEGIBLE

Name of Parent (s) \_\_\_\_\_

PRINT MUST BE LEGIBLE

Mailing Address \_\_\_\_\_

**(Please Be Complete) Number Street City State Zip**

PRINT MUST BE LEGIBLE

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #s (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mother (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Father

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Place of Birth \_\_\_\_\_

Required

Student's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Passport # \_\_\_\_\_

The SS# Number is required. If no SS# exists, give Passport #

E-mail address \_\_\_\_\_ Birthday \_\_\_\_\_

Print must be legible – case sensitive

Required

Tuition: See schedule below. Deposit \$700 or for Sessions I, II, IV, V & VII full fees.

\$200 non-refundable after 3-15-09. After May15, 2009 no refunds will be made.

**PLEASE indicate session(s) attending by placing an X in the space provided 2009 PROGRAM**

Dates	Location	Session #	Fee	#of Days	Select Session(s) (X)
June 22 - 26	Local 1 - day trips	I	\$ 493	5	_____
June 29 - July 2	Local 1 - day trips	II	\$ 552	4	_____
July 3 - 9	Costa Rica Parents & families invited	III	\$1998	7	_____
July 13 - 17	Rocketry	IV	\$584	5	_____
July 20 - 23	Local 1 - day trips	V	\$414	4	_____
July 24 - August 3	Galapagos Islands This is the last year in offering this trip	VI Parents & families invited	\$5742	11	_____
August 10 - August 14	N. California	VII	\$678	5	_____

**Registration Form - 2009**

**EMERGENCY/MEDICAL INFORMATION**

**PLEASE COMPLETE THIS FORM**

**(REQUIRED)**

Parent/Guardian Signature \_\_\_\_\_

**EMERGENCY/MEDICAL INFORMATION**

1. In an emergency, if we are unable to reach you who should we contact?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Cell \_\_\_\_\_

**Don't forget Area Codes**

Cell \_\_\_\_\_

2. Is there any relevant medical information (medication, etc.) that we should know about your child?

3. In the event I cannot be reached, I grant my consent to have emergency medical treatment given to my child at the direction of the attending physician.

Signature (Parent or Guardian) \_\_\_\_\_

Date \_\_\_\_\_

Please complete, sign this form and with deposit made payable to Dr. B.'s Science Destinations, return to:

Richard A. Boolootian, Ph.D.

Dr. B.'s Science Destinations

3576 Woodcliff Road

Sherman Oaks, California 91403-5045

**MAKE SURE THE ENTIRE APPLICATION IS PROPERLY COMPLETED**

Please respond promptly if interested. **Registration is limited. A deposit of \$700 guarantees a space for your child. Of this, \$200 is non-refundable should you need to cancel after March 15, 2009.** Any cancellations requiring refunds after March 25, 2009, in addition to the \$200 non-refundable fee, all monies paid for airline, hotel, park fees, and transportation costs will be deducted. As you know, reservations and purchases of these services are made far in advance to guarantee space for our program. Names of each student must be provided to the service vendors by May 1, 2009. After May 15, 2009 no refunds will be made whatsoever. However, if you can provide a replacement candidate for your cancellation and pay for the airline ticket transfer cost, we will make a refund less the non-refundable fee. Bear in mind, once our group tickets are issued, any families wishing to participate in those sessions requiring airline service, the ticket cost will be at the standard coach fare basis.

Form App. Rev. January 14, 2009