

PARTICIPANT'S NAME	DATE OF BIRTH & GRADE (FOR CHILDREN)	# MEMBER TICKETS	# NONMEMBER TICKETS	PROGRAM NAME/SECTION	DATE & TIME	FEE

NAME _____ MEMBERSHIP # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ PHONE (WORK) _____ E-MAIL _____

PHYSICAL LIMITATIONS OR ALLERGIES? No Please list: _____
Yes

GUARDIAN'S NAME _____

EMERGENCY CONTACT _____ CONTACT PHONE # _____

AUTHORIZED ADULTS FOR PICKUP _____

METHOD OF PAYMENT TOTAL

Check enclosed Kids' scholarship applicant
Payable to Denver Museum of Nature & Science

I hereby authorize the use of my
Visa MasterCard American Express

Name on card: _____

Credit Card #: _____ Expiration Date: _____

Signature: _____

Please read registration form carefully and call
Reservations if you have questions. If you are
enrolling children from different families, please
complete separate registration forms, and
submit them together. More registration forms
are at www.dmns.org.