

Summer Camp Outing - BOOKING Information Form

**CAMP INFORMATION**

|  |  |
| --- | --- |
| **Camp Company Name:** |  |
| **Address:** |  |

**DATE / TIME**

|  |  |
| --- | --- |
| **Outing Date\*:** |  |
| **Time of Arrival\*:** |  |

**\* Bookings are available only on Monday & Tuesday’s. Camp programs last for 2 hours including time to eat your packed lunch. Departure time must be no later than 12:30pm.**

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Primary Contact Name:** |  |
| **Primary Contact Cell Phone:** |  |
| **Primary Contact Email Address:** |  |
| **Secondary Contact Name:** |  |
| **Secondary Contact Cell Phone:** |  |

**ESTIMATED HEAD COUNT**

|  |  |
| --- | --- |
| **Estimated Number of Kids:** |  |
| **Estimated Number of Adults:**  |  |

**ACTIVITY INFORMATION**

|  |  |
| --- | --- |
| **Headcount by Age:** |  |
| **Activity / Price per Student:** |  |
| **Will you be eating lunch at The Great STEMporium? If yes, packed or delivered?** |  |

Payment may be made with cash or company check. Personal checks not accepted. Please make check payable to CAVID LLC d/b/a The Great STEMporium [DE eSupplier # 0000510553]. Payment is due upon arrival. **Cancelation within 14 days of booking date will result in a fee of 50% of the total booking fee payable upon receipt.**

**Thank you for choosing The Great STEMporium!!**