Fernbank Science Center
Science Night Out Registration form

Please print or duplicate this brief form (a separate one for each child, please) and include check payable to "Fernbank Science Center LINKS" in the amount of $20 per child.

Date of Science Night Out Program: _____________________________

Child's name:______________________________________________

Grade level: ______

School:____________________________________________________

Parent's Name:____________________________________________

Contact Information (for evening):____________________________

E-mail address (for confirmation of registration):________________

Home Phone:______________ Cell Phone ________________

Amount: _________ Zip Code:____________________

I give permission for my child, ____________________________________, to be photographed during Science Night Out Activities at Fernbank Science Center. Photographs may be used by Fernbank to promote its educational programs and activities.

________________________________

Parent Signature