



Junior Docent 2010 Registration Form Dalí Museum Summer Camp Ages 9-13

Three sessions to choose from: June 14 - 19; July 19-24; August 2-7

9:30 am - 2:30 pm each week Tour and Reception Saturday 9:30 am - 12:00 pm

Please circle the week desired and fill out a form for each child attending

Child Name _____ Age: _____

School Attended _____

Parent/Guardian's Name _____

Address: _____ Apt./Bldg # _____

City/ State /Zip _____

Contact Phone number: Home _____ Cell _____

Email _____

Emergency Contact

Name _____ Relationship to child _____ Phone _____

How did you hear about the Jr. Docent Summer Camp? _____

Is this your child first time attending the Jr. Docent Summer Camp? Yes ____ No ____

Please list persons authorized to pick up your child:

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have any medical conditions or special care needs we need to be aware of?

Please explain in detail (attach additional sheet of paper if necessary)

* The Dalí Museum Jr. Docent Summer Program is conducted by staff, Pinellas Co. art instructors and volunteer docents. The Museum does not staff a nurse or doctor on site and cannot take responsibility for administering medication(s) to your child.



**Junior Docent 2010
Registration Form
Dalí Museum Summer Camp
Ages 9-13**

Child Name _____

I hereby give the Salvador Dalí Museum., Inc. St. Petersburg, Florida permission to record the image and /or voice of my child, and I grant the Dalí Museum all rights to use these sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of the museum.
I agree that all rights to the sound, still, or moving or images belong to the Salvador Dalí Museum.

Signature of parent/guardian _____ Date _____

Payment

Jr. Docent Summer Camp Fee \$ 150 Dalí Members _____ \$ 200 Non - Members _____
The fee includes supplies, snacks, prizes and one T-shirt.

- Cash (in person only) in amount of \$ _____
- Check payable to **Salvador Dalí Museum, Inc.** in amount of \$ _____
- MasterCard / Visa / Discover / AMX (circle one)

Card Number _____ Exp. Date _____

Name on Card _____ Signature _____

Scholarship Request (Letter of request attached) Include Email & Phone _____

Send completed registration form to:

The Dalí Museum
Attn: Junior Docent Program
1000 3rd St. South
St. Petersburg, FL 33701
Phone: 823-3767, ext. 3024
Email: bmead@thedali.org