# 2002-2003 ADULT & Parent/Child APPLICATION FORM

**When reserving by phone, complete this application and note your confirmed session date and account number:**

**Session date**_____ **Account #**_____

IMPORTANT: Incomplete applications delay registration and may result in missing desired session date. If paying by credit card, make sure credit card information is complete. If paying by check or money order, please make sure full payment is enclosed.

**Complete this form for Adult and Parent/Child programs only.** Youth application is a different form. Corporate Programs call 1-800-895-2773. Please make photocopies of all documents before sending.
**Send completed application with full payment to: U.S. SPACE CAMP 2002 RESERVATIONS, P.O. BOX 070015, HUNTSVILLE, AL 35807-7015**
Phone: 1-800-637-7223 • Fax: 256-890-3369 • www.spacecamp.com

## PROGRAM INFORMATION:

CHECK PROGRAM

☐ **PARENT/CHILD SPACE CAMP**

☐ **PARENT/DAUGHTER SALLY RIDE™ SPACE CAMP**

☐ **SPACE ACADEMY FOR ADULTS**

☐ **Advanced SPACE ACADEMY FOR ADULTS**
**Advanced SPACE ACADEMY for Adults track options —**
Indicate 1st, 2nd and 3rd choice below:

Pilot _____ Mission Specialist _____ Payload Specialist _____

In case my choices are full, please put me on a waiting list for:

_____

☐ **PILOT/COPILOT AVIATION CHALLENGE**

☐ **AVIATION CHALLENGE FOR ADULTS**

## APPLICANT INFORMATION: (PLEASE PRINT)

**Adult's Name:** _____
Last First Middle

Sex: _____ Date of Birth:_____ Age: _____

Address: _____

City: _____

State: _____ Zip Code:_____

Home phone: ( _____ ) _____

Business phone: ( _____ ) _____

Fax: ( _____ ) _____

E-Mail: _____

Name for Name Tag: _____

How did you hear about us? (Source Code from yellow box): _____

**Childs's Name:** _____
Last First Middle

Sex: _____ Date of Birth:_____ Age: _____

Name for Name Tag: _____

Name of Parent/Guardian (Parent/Child programs only)

_____

## SESSION DATE PREFERENCES:

Sessions fill rapidly. In order to expedite your application, please give us three session date options:

1st choice _____

2nd choice _____

3rd choice _____

## ORDER FORM:

**TUITION:** $ _____

**OPTIONAL CLOTHING:** $80* each (page 27)

Size: _____ Clothing Set Quantity: _____ @ $ 80* _____

Size: _____ Flight Suit Quantity: _____ @ $ 80* _____

*Plus applicable sales tax

**TRANSPORTATION FEES: (To and from airport)** $ 15 _____

**TOTAL $** _____

**PAYMENT:**

☐ Check or Money Order

☐ VISA ☐ Mastercard ☐ American Express ☐ Discover

**ACCOUNT NUMBER:**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

EXPIRATION DATE_____/_____/_____

Signature required_____

Please **print** name as it appears on credit card:

_____

**Would you like to support the Space Camp Endowed Scholarship Program?**

☐ $10 ☐ $25 ☐ $50 ☐ $100 ☐ Other $ _____

FOR OFFICE USE ONLY REGISTRATION STATUS

Session (Date) _____ Waiting List _____ Transferred _____