Cub Scouts Registration Form, Fall 2019-Spring 2020 Total Children _____ Children's Name(s) and Age(s) **Geology Rocks** Cost: \$5/child, \$3/adult (Children must be age 4 and older to be permitted in the Saturday, December 7, 2019 Pre-registration is required and program size is limited. workshop or planetarium show.) 10:15 am - 12:00 pm Please note: This is not a drop-off program. Parents Begin the day by completing a geology-themed quest through must remain with their children. Siblings ages 4 and the museum to discover the fantastic rock, mineral and fossil older may participate, but will be charged the \$5 fee. specimens on display. Then join museum educators for a special workshop to explore geology topics from fossils to volcanoes. Discover why geology rocks at the museum! Please fill out and mail with payment to: **Space Exploration** Museum of Natural History Saturday, April 4, 2020 Roaer Williams Park 10:15 am - 12:00 pm 1000 Elmwood Avenue Providence RI 02907 Begin the day by completing a space-themed quest through the museum as you discover the past, present and future of space Attn: Cub Scout Days exploration and astronomy. Experiment with telescopes, spectroscopes and more to learn the tools of the astronomers' Or email to MNHeducation@providenceri.gov Total Adults _____ trade. Then join museum educators for a special planetarium show to discover the patterns of stars visible in the night sky and what Adult(s) Name(s)_____ you might see from your own backyard. Payment options (PLEASE CIRCLE ONE): CASH CHECK Please check date(s). Check selection(s) Program Amount due* VISA MASTERCARD DISCOVER **Geology Rocks** City, State, Zip_____ CARD NUMBER Dec. 7, 2019 CVV EXPIRATION DATE Email Space Exploration address Apr. 4, 2020 SIGNATURE I release and discharge the MNH, and its employees from and against any and all liability, including for any losses, Make checks payable to: damages or injuries, arising from participation in City of Providence/Museum Fund programming. I grant full permission for MNH to use Total amount due* photographs from programming, including those in which all registrants appear. BY AFFIXING MY SIGNATURE TO THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND CONSENT TO THE ABOVE FOR ALL REGISTRANTS. Signature: Date: