

Program Registration Form

(One form per participant)

Participant Name: _____

1st Parent/Guardian Name: _____ 2nd Parent/Guardian Name: _____

Participant Age: _____ Date of Birth: ____/____/____ Grade: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Program	Day	Session Date(s)	Program Time(s)	Fee
Total Due				

Are you a current member of CuriOdyssey?

Yes No

Note: If you register as a member and your membership has expired, we will renew your membership at our current membership rates.

Payment:

I am enclosing a check for \$ _____ payable to CuriOdyssey.

Please charge my: Visa MC American Express

Card#: _____ Expiration Date: ____/____

Billing Zip code: _____ Security Code: _____

Signature: _____

Mailing Address

Attn: Education Department
 CuriOdyssey
 1651 Coyote Point Dr.
 San Mateo, CA 94401

Fax
 (650) 342-7853

Email
 Scheduler@CuriOdyssey.org

Cancellation/Refunds

- Cancellations with a partial refund can be made up to **21 days** prior to the start date of the program.
- Cancellations made less than 21 days prior to the start date of your program will result in a loss of all registration fees.
- A full refund will be given if CuriOdyssey cancels your program.