

Please print or duplicate this brief form (a separate one for each child, please).
Include a check payable to "Fernbank Science Center LINKS"
in the amount of \$15 (plus \$10 for each additional sibling).

Mail to:

Registrar: Science Night Out
Fernbank Science Center
156 Heaton Park Drive N.E.
Atlanta, Georgia 30307

Date of Program: _____ **Title of Program:** _____

Child's Name: _____

Grade Level: _____

School: _____

Parent's Name: _____

Contact Information for the evening registered: _____

E-mail address (for registration confirmation): _____

Home Phone: _____ **Cell Phone:** _____

**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 programs and activities for the general
public.**

Parent Signature