



# DAISY NIGHT OUT

OFFICE USE
Received:
Payment:
Confirmation:
Initial:

**Saturday, May 9**  
**4:30pm - 7:30pm**

**\$18 Daisy Girl Scout /**  
**\$10 Adult Chaperone**

**Registration Deadline:**  
**Friday, April 24**

Registration includes a pizza dinner.

**E**xplore the joy of learning at the Discovery Center after-hours! Participate in Daisy Petal activities and make new friends.

- Discover something new about yourself and your friends in Fantastic YOU!
- Practice being considerate and caring as a community helper in Your Town.
- Express your creativity, and use resources wisely, through hands-on crafts.

SPACE IS LIMITED, SO REGISTER EARLY! • REGISTRATION DEADLINE IS April 24 • FOR MORE INFO, PLEASE CALL 524-5437

### CONTACT INFORMATION

Name (Contact Person) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address (A confirmation will be emailed to you) \_\_\_\_\_

### PARTICIPANT INFORMATION

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Troop Leader \_\_\_\_\_ Troop # \_\_\_\_\_

Chaperone's Name (if Chaperone is not Contact Person) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Any dietary restrictions or special needs? Please describe. \_\_\_\_\_

### PAYMENT

\_\_\_\_\_ Child @ \$18.00 each = \$ \_\_\_\_\_

\_\_\_\_\_ Adult @ \$10.00 each = \$ \_\_\_\_\_

**Total Enclosed: \$ \_\_\_\_\_**

### IMPORTANT: PLEASE READ THIS RELEASE STATEMENT BEFORE SIGNING FORM

In consideration of accepting this entry, I, the undersigned, intending to be legally bound for myself and/or my child, and our heirs, executors and administrators, waive and release any and all rights and claims, injuries and damages I and/or my child may have against the Children's Discovery Center, and all volunteers, sponsors, and the officers, directors, agents and employees of any of them. I additionally consent to the use of my and/or my child's name and/or picture in broadcasts, telecasts, etc. arising out of participation in the Discovery Center's Daisy night out program without any payment to me and/or my child. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age. I represent that I am a parent or legal guardian of the person identified above, who is a minor.

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

### PAYMENT / CANCELLATIONS

Registration for this program is on a first-come, first-served basis, determined by the date of receipt of payment. There will be no refunds on cancellations. Please send check (no credit cards) made payable to: Children's Discovery Center, 111 Ohe St. Honolulu, HI 96813