



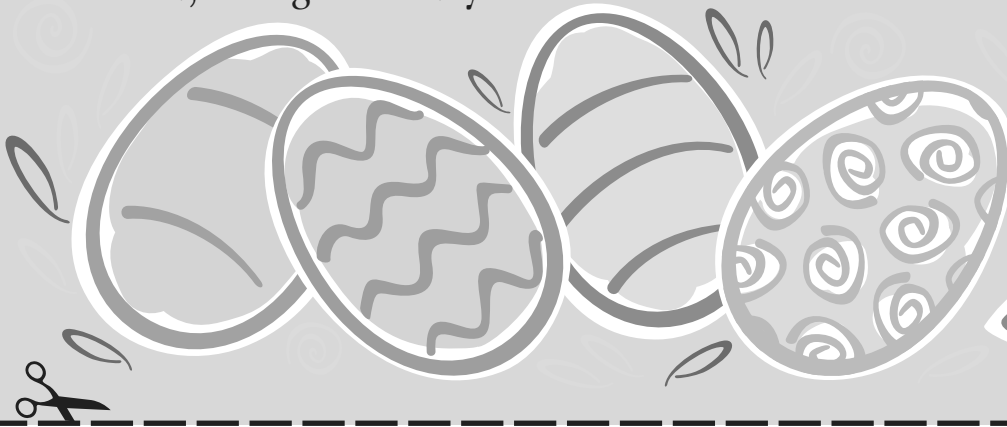
Spring Fling

SATURDAY, APRIL 4  **EGG HUNT BEGINS AT 9:00AM**

\$10 MEMBERS / \$15 NON-MEMBERS
(includes admission)



Hop, skip, and jump into the Children's Discovery Center for a Spring Spectacular! Join us for an egg hunt inside the Center's exhibit galleries (limit 12 eggs per child please), participate in fun games and crafts, and end your morning with a visit to the Discovery Center. Space is limited, so register today!



SPRING FLING REGISTRATION FORM • REGISTRATION DEADLINE: MARCH 27 • FOR MORE INFORMATION, CALL 524-5437

Name (Contact Person) _____

E-mail Address (a confirmation will be e-mailed) _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Member Number _____

Note: Membership must be current on date of event.

TICKETS

_____ Member Children (1 and up) @ \$10 \$ _____

*Ages of children _____

_____ Member Adults @ \$10 \$ _____

_____ Non-Member Children (1 and up) @ \$15 \$ _____

*Ages of children _____

_____ Non-Member Adults @ \$15 \$ _____

Total Enclosed: _____

PAYMENT / CANCELLATIONS

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

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 Spring Fling event without any payment to me and/or my child.

Parent's/Guardian's Signature _____

Date _____

For more info, please call 524-5437 or email info@discoverycenterhawaii.org