## Spring Break Amazing Afternoons

A spring break adventure at the Museum & Aquarium for students age 5-12!

## Rocking Reptiles and Awesome Amphibians

March 14, 21 & 28 (All dates will offer the same programming)

Come face-to-face with snakes, turtles, toads, and tortoises! Discover what makes reptiles different from amphibians during our live animal program. Explore the aquarium with our expert educators and create a reptile-themed craft to bring home. You'll have an amazing time with lots of fun activities and great adventures!

## Mighty Mammals

March 20, 2015

Dive into the amazing life of the mighty river mammal! You'll be introduced to our museum mammals: the six-banded armadillo, North American river otters, and beavers. Enjoy fun, mammal-themed games and crafts, and leave with new amazing stories to tell!

All sessions will take place from 1-4 pm and a snack will be provided. Prices for each session are \$20 per student for non-members and \$15 per student for members. Registration is required by 11:00 AM on the day of program. For further information contact 563-557-9545 x 213 or <a href="mailto:mwersinger@rivermuseum.com">mwersinger@rivermuseum.com</a>.

## Spring Break Day Camp Registration Form

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STUDENT INFORMATION:	\$15/child (member rate)
Child's Full Name: Age :	· · · · · · · · · · · · · · · · · · ·
Parent/Guardian Full Name: E-mail:	Rocking Reptiles and
Home Address:	Amazing Amphibians
(Street Address) (City/State)	(Zip Code)
Home Phone#: () Alternative/Cell Phone#: (	
MEDICAL INFORMATION	Saturday, March 21
Emergency Contact Person: Relationship to	Student: Saturday, March 28
Home Phone #: ( Alternative/Cell Phone#: (	Mighty Mammals
Does your child take any medications that we may need to know about? YES NO	Friday, March 20
If yes, please list them here:	
(Provide additional sheet if necessary)	TALL
Allergies/Medical Conditions: Total Amount Due (see pricing above):	
Child's Preferred Physician/Hospital:	
Child's Insurance/Policy #:	-
PAYMENT METHOD	
My check is enclosed. (*Please make payable to "DCHS")	
Charge my credit card. * Select Card Type: MasterCard Visa American Express	
Name on Card:Card#:	Exp. Date:
Signature:	
The National Mississippi River Museum & Aquarium/Dubuque Historical Society has my authorization to obtain n	, , , , , ,
indicated emergency contact is able to be reached at the time of such emergency. I agree that in no event will th injuries, accidents or losses suffered by my child/the participant while participating in any supervised programs a	
ture authorizes the Museum & Aquarium to photograph the registered participant for the reasonable use and pu	
Parent/ Guardian Signature:	Date:
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