National Inventors Hall of Fame®

Camp Invention® Registration Application

Where:
When:
Notes:

Child Information (Required*)

First Name* | Last Name* | Birth Date* (/ /)

Gender* | Ethnicity* | Grade Fall 2025*

School Fall 2025* | Shirt Size* *Youth S–L or Adult S–L*

Alternate Transportation *Name, Relationship, Phone*

Photo Release* *See https://www.invent.org/terms-and-conditions*
○ Yes ○ No

Does your child require an epinephrine injector?*
○ Yes ○ No

Allergies, prescribed medications, and/or special accommodations

For any child needs that are NOT self-managed, please call 800-968-4332 a minimum of eight weeks prior to start date; see https://www.invent.org/terms and conditions.

Parent/Guardian Information (Required*)

First Name* | Last Name* | Phone* | Email* *Must be valid to register*

Address* *No P.O. boxes please* | City* | State* Alabama | ZIP*

Payment [N/A Already Paid ☐]

Program Price	$
☐ Donation *Help send underserved children to camp*	$
☐ Extended Day - $100 *(if applicable)*	$
☐ Cancellation Insurance - $30 *(see https://www.invent.org/terms-and-conditions)*	$
☐ Voucher/Promo Code & Amount *(if applicable)* *Code:*	$-
Total Payment Amount Enclosed	$

☐ Credit Card # *(No American Express)* | Exp. Date (/ /)

☐ Check # | License # | Routing # | Account #

Confirmation

Parent/Guardian Signature* | **Date***

By registering your child you certify that you have obtained, read and agreed to the Terms & Conditions of the program (incorporated by reference herein), which can be found at https://www.invent.org/terms-and-conditions or by contacting us at 800-968-4332.