



SMUD Museum of Science and Curiosity: Camp Curiosity Cancellation or Rescheduling Form

General Information

Participants name:

Parent name (who registered child):

Phone number: -----

Age Group: ----- Order number:

Registered for (Theme and Date):

Requesting: Cancellation _____ or Rescheduling _____

Reschedule to:

To help us serve you better, please explain why you are cancelling or rescheduling your camp(s):
