

## Architecture Adventure Summer Camp 2024

## **APPLICATION**

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Applicant Name: Date of Birtl	า:
Mailing Address:	
City: State: Zip Code:	
Parent Contact:	
Phone:	
Email:	
School Attending: Grade Starting in Septen	mber 2024:
Architecture Adventure Summer Camp 2024  July 8 - 12, 2024   9AM - 2PM  \$250 member   \$300 non-members  TUITION & REGISTRATION  PAYMENT INFORMATION	
Check (enclosed) # OR Credit Card No.	
Name on Card: Expirati	on Date:
Signature: CVC Co	ode:
Statement Mailing Address:	Zip:

Please return form and payment to info@lajollahistory.org OR PO Box 2085, La Jolla, CA 92038-2085.

Make check payable to La Jolla Historical Society You will be contacted upon receipt of this application to confirm your registration.