SUMMER CAMPS

MAD SCIENCE is offering two exciting camps for kids this summer – **Earth and Beyond** and **Science in Motion**! The camps will take place **at Coffin School** and include some awesome hands-on science experiments. Each class runs from **9am to 3pm** and campers will be required to **bring their own lunch and snacks**. **Fees are $230 for residents of Brunswick, and $265 for non-residents *per camp*.**

EARTH AND BEYOND – July 13-17, 9am-3pm. For grade 1 (in Fall 2009) through age 12
Decode the world around you as a Mad Science sleuth. Send secret messages to your friends. Get a taste for space with an astronaut snack. Explore the universe with your own orbiter and use teamwork to unearth pollution solutions. Figure out the trick of the tight ropes. Sniff out the scents on our Mad Science trail. Uncover the answers to these mysteries and more! (Formerly called Claws, Codes & Constellations)

SCIENCE IN MOTION - July 20-24, 9am-3pm. For grade 1 (in Fall 2009) through age 12
Discover how things move with science. Take apart pellets to see what an owl cannot digest! View the world through a camera obscura that you make yourself. Join a team of camper engineers and build bridges, domes, cubes and pyramids. Assemble and control pulleys, levers, catapults, simple machines and megapinchers! Make your own sidewalk chalk, crystal gardens and chromatography-dyed T-shirt!

All program flyers can be found on our website: www.brunswickme.org/parkrec .

The Parks and Recreation Department encourages individuals with disabilities to register for this program.

Should you desire further information, contact the Recreation Department at 725-6656.

✂**Detach & return with fee to the Recreation Center**, 30 Federal St., by **July 8.** Office hours Mon.-Fri., 8:00 a.m. to 4:30 p.m

BRUNSWICK PARKS & RECREATION DEPT.
MAD SCIENCE – Summer 2009 Fee: $230 RES / $265 NON RES ***per camp***

For Office Use
Date_____
Amt$ _____
Rec. # _____
Computer ☐ 126121-01

Please check: ☐ **Earth & Beyond** ☐ **Science in Motion**

Name_____ MALE ☐ FEMALE ☐

Date of Birth_____ Age _____

Street Address_____Town_____ Zip_____

Town of Residence_____ School_____Grade fall of '09_____

Home Phone_____ Work Phone_____

Cell Phone _____ Pager_____Email_____

Emergency Contact (other than parent):_____Relationship_____

Day Phone_____ CELL_____

***ALLERGIES/PHYSICAL/EMOTIONAL LIMITATIONS**_____

****WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR REGARDING THE ABOVE?*** **☐YES ☐NO**

I give permission for my, above named, child to participate in the Mad Science program.

Parent/Guardian Signature_____

Please PRINT Parent/Guardian Name(s)_____