



SUMMER CAMPS

MAD SCIENCE is offering exciting camps for kids this summer – **3,2,1...Blast Off (Rocketry)!! & Junior Planeteers.**

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 \$235 for residents of Brunswick, and \$270 for non-residents.



3,2,1... Blast Off!! (Rocketry)

July 18th-July 22nd

9:00am – 3:00pm (age 6 through age 12 as of start of program)

Mad Science invites you to launch your knowledge of flight as you build your very own rockets. Experiment with different kinds of propulsion systems as you use your new knowledge to blast off, track and recover different kinds of rockets. Treat your stomachs to some rocket snacks. Have a “rockin” good time at this rocket camp!



Junior Planeteers

July 25th-July 29th

9:00am – 3:00pm (age 6 through age 12 as of start of program)

Come take a walk on the wild side of science! Learn about your surrounding environment and how science will help us protect our planet. Discover solutions for pollution! Use solar power to bake yourself some nachos! Grow claws and jaws to feed your appetite! Explore the fascinating world of decomposition, ecosystems, weather, and much more!

All program flyers and a copy of our refund policy 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 13.** Office hours Mon.-Fri., 8:00 a.m. to 4:30 p.m
BRUNSWICK PARKS & RECREATION DEPT.

MAD SCIENCE – Summer 2011 Fee: \$235 RES / \$270 NON RES *per camp*

For Office Use

Date _____

Amt\$ _____

Rec. # _____

Computer 126121-01

Name _____ MALE FEMALE

Date of Birth _____ Age _____

Street Address _____ Town _____ Zip _____

Town of Residence _____ School _____ Grade fall of '11 _____

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) _____