Montana Outdoor Science School

Registration for MOSS Program

Camper Name_____ M/F (circle one) DOB_____ Grade (This Fall)____

Name of Parent(s)_____

Address_____ City_____ State_____ Zip_____

Phone (h)_____ (w)_____ (c)_____

Email_____

Today's Date _____

Camp Name	Date	Fee
		$
		$
		$
		$
Please include my *tax deductible* contribution towards the MOSS Scholarship Fund!		$
Total Amount Enclosed		**$**

Payment

☐ Check payable to MOSS

☐ Credit Card

☐ Visa ☐ MasterCard

Card #_____ Exp Date_____

Name as it appears on card_____

Signature_____

Office Use Only

__ Scholarship/GC: $____

__ Check #_____ $_____

__ CC Batch_____ $_____

Balance

__ Check #_____ $_____

__ CC Batch_____ $_____

__ QB

__ DB

__ Reg Tally/Rost

__ Invoice

__ Letter

__ Med Form

Please return this form with payment to MOSS, PO Box 502, Bozeman, MT 59771.
Visit www.outdoorscience.org to print an additional copy of this form.