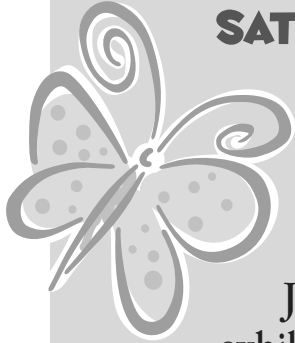




Spring Fling

SATURDAY, APRIL 7  **EGG HUNT BEGINS AT 9:00AM**

\$8 MEMBERS / \$12 NON-MEMBERS
(includes admission)



Hop, skip, and jump into the Children's Discovery Center for a Spring Spectacular! Join us for an *egg hunt inside the Center's exhibit galleries, participate in fun games and crafts, and end your morning with a visit to the Discovery Center. Space is limited, so register today!

Registration Deadline: Friday, MARCH 23



* Limit 12 eggs per child please

SPRING FLING REGISTRATION FORM • REGISTRATION DEADLINE: MARCH 23 • FOR MORE INFORMATION, CALL 524-5437

Name (Contact Person) _____

E-mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Member Number _____

Note: Membership must be current on date of event.

TICKETS

_____ Members Children (1 – 17 years) @ \$8 \$ _____

*Ages of children _____

_____ Member Adults @ \$8 \$ _____

_____ Non-Member Children @ \$12 \$ _____

*Ages of children _____

_____ Non-Member Adults @ \$12 \$ _____

Total Enclosed: \$ _____

PAYMENT / CANCELLATIONS

Registration for Spring Fling is considered on a first-come, first-served basis, determined by date of receipt of payment. There will be no refunds on cancellations. Please send a check (no credit cards) made payable to: Children's Discovery Center, 111 Ohe Street, Honolulu, Hawaii 96813

IMPORTANT! PLEASE READ THIS RELEASE STATEMENT BEFORE SIGNING FORM

In consideration of accepting this entry, I, the undersigned, intending to be legally bound for myself and/or my child, and our heirs, executors and administrators, waive and release any and all rights and claims, injuries and damages I and/or my child may have against the Children's Discovery Center, and all volunteers, sponsors, and the officers, directors, agents and employees of any of them. I additionally consent to the use of my and/or my child's name and/or picture in broadcasts, telecasts, etc. arising out of participation in the Discovery Center Spring Fling event without any payment to me and/or my child.

Parent's/Guardian's Signature _____

Date _____

For more info, please call 524-5437 or email info@discoverycenterhawaii.org