

REGISTRATION FORM

PARENT(S)/GUARDIAN INFORMATION

Last Name: _____ First: _____

Address: _____ City: _____ ZIP: _____

Email: _____

Phone: 1. _____ 2. _____ 3. _____

WNC Friends of Warner or SMM member number _____

*****Please fill out a separate form for each child's registration*****

Childs Last Name: _____ First: _____

Date of Birth: _____ Age: _____ Allergies: _____

Does your child need additional support to be successful at camp? Yes*

*[WNC Camp Director will contact you by phone or email to discuss support needed.]

I am applying for a scholarship; enclose application form along with required information.

WNC will send notification if you qualify and then charge you accordingly.

CAMP SECTION

Camp #1: _____ Dates: _____ Cost: _____

SMM Van Transportation: _____ Cost: _____

Camp #2: _____ Dates: _____ Cost: _____

SMM Van Transportation: _____ Cost: _____

Camp #3: _____ Dates: _____ Cost: _____

SMM Van Transportation: _____ Cost: _____

PAYMENT OPTIONS

Check: payable to Warner Nature Center

Credit card:

Payment via U.S. mail, in-person or fax: Number _____ Exp: _____

Payment via email: WNC will contact you for your credit card payment.

Summer Camp T-Shirt: Each camp participant will receive a WNC Camp shirt.

Circle the complimentary t-shirt size for your child. T-shirt sizes: Youth S M L / Adult S M L XL

Please indicate the quantity and size of additional t-shirts you would like to purchase at camp: _____

I have read and understand the behavior code policy on page 13 of WNC 2019 Summer Camp catalog.

Signature of parent or guardian: _____ Date: _____