



2009 Registration Form

Camper
First Name _____ Last Name _____

Parent(s) Name _____

Address _____

City _____ State _____ Zip _____ Home phone _____

Work Phone _____ Cell Phone _____

Birthday: ____ / ____ / ____ Age ____ Gender ____ Email: _____

T-shirt size Youth: S M L Adult: S M L

*Camping Week (please check one)

Nature Explorer (Ages 6-11)
____ June 15th-20th
____ June 22nd-26th
____ June 29th-3rd

Wildlife Adventurer (Ages 6-11)
____ July 6th-10th
____ July 13th-17th
____ July 20th-24th

* Fee is \$125 per child

Is your child allergic to anything, or does he/she have a medical condition that we need to be made aware of for his/her safety? (Circle one)

Yes (please explain below) No

List below anyone authorized to pick up your child other than the parent(s) listed above?

1. _____

2. _____

Provide a name and number of a person to contact in case of emergency

Please make checks payable to Carolina Wildlife Care

~By completing this registration form, you consent to allowing photographs taken at the camp to be used in future marketing/promotional efforts for Carolina Wildlife Care.