



2010 Registration Form

Camper
First Name _____ Last Name _____

Parent(s) Name(s) _____

Address _____

City _____ State _____ Zip _____ Home phone _____

Work Phone _____ Cell Phone _____

Birthday: ___/___/___ Age ___ Gender ___ Email: _____

Camp registration is \$125 per child and checks are made payable to Carolina Wildlife Care

Camp Week: Please write #1 for 1st selection and #2 for any back-up selection in blank to left

Wildlife Adventurer– Age 6-11
____ June 14th-18th
____ June 21st-25th
____ July 19th-23rd

Nature Explorer– Age 6-11
____ July 5th-9th
____ July 12th-16th

T-shirt size* (circle one): Youth : S M L XL Adult: S M L XL

**All campers receive t-shirts. Exact size cannot be guaranteed for registrations 2 weeks prior to camp.*

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

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.

A 501(c)(3) nonprofit organization dedicated to establishing harmony between humans and wildlife
Carolina Wildlife Care • 5551 Bush River Road, Columbia, SC 29212 • (803) 772-3994
www.carolinawildlife.org • carolinawildlifecare@sc.rr.com

Received: ___/___/___ PMT: Ck CC NE CONF: ___/___/___ TSS: _____ ✓ X

