

Seasonal Program Registration Form

Mail or fax form to: Ashland Nature Center, P.O. Box 700, Hockessin, DE 19707 Fax: 302.239.2473 Fiona@DelNature.org
 Abbott's Mill Nature Center, 15411 Abbotts Pond Road, Milford, DE 19963 Fax: 302.422.1849 Matt@DelNature.org



Person Filling Out Form: _____

Home Phone: (____) _____ E-Mail: _____

OK to receive Email from us:

Address: _____ City: _____ State: _____ Zip: _____

Registrant's Name: _____ Child's Birth Date: _____ Male Female

Program Title: _____ Code: _____ Date: _____ Fee: \$ _____

Program Title: _____ Code: _____ Date: _____ Fee: \$ _____

Program Title: _____ Code: _____ Date: _____ Fee: \$ _____

Registrant's Name: _____ Child's Birth Date: _____ Male Female

Program Title: _____ Code: _____ Date: _____ Fee: \$ _____

Program Title: _____ Code: _____ Date: _____ Fee: \$ _____

Program Title: _____ Code: _____ Date: _____ Fee: \$ _____

For additional registrants, attach additional pages to this form.

Confidential Medical & Required Emergency Information (For children under 18 without parent supervision): Please list any medications, allergies, physical disabilities or restrictions that the instructors should know about:

My child's physician's name & phone #: _____

My child's medical insurance is: _____

Policy #: _____

Yes No: In case of emergency, I give permission to have my child(ren),

_____ receive first aid and be transported to the nearest hospital by professional, emergency personnel. I understand I will be financially responsible for the cost of such treatment.

 (parent/guardian signature) date

Payment Information (credit card information will be kept secure):

Enclosed for programs: \$ _____, for memberships \$ _____ Total enclosed: \$ _____ Check Credit Card: Visa MC Disc Amex (payable to Delaware Nature Society)

Credit Card #: _____ Exp. Date ____/____(mm/yy) 3-digit Security Code (from back of the card) _____

Authorized Signature: _____

Not a Member? Sign up below and save:

- Individual \$40 Super Saver Individual \$30 (Over 60 or F/T Student)
- Household \$55 Household Plus \$85 Grandparent \$55
- Protector \$150 Patron \$500 Guardian \$1000+

Full Names of all Household Members:

Adult: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Adult: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Child: _____ Birth Date: _____ M F

Child: _____ Birth Date: _____ M F

Child: _____ Birth Date: _____ M F

Child: _____ Birth Date: _____ M F

All programs must be paid in full at the time of registration either by check or credit card. We cannot hold spaces pending receipt of payment. To receive member discount rate, your membership must be current through the date of your scheduled program. Delaware Nature Society reserves the right to charge the non-member rate for programs that occur after the expiration date of your membership.

Refunds and Cancellations: Requests for withdrawal 5 business days or more prior to the scheduled program date will be honored. Requests less the 5 business days will be issued if the slot is filled or at the discretion of the Education staff. Programs may be canceled due to low enrollment. Full refunds will be issued for program cancellations.

Photographs/Video: Delaware Nature Society reserves the right to use any photos/video/artwork of program participants to promote our mission unless otherwise notified in writing.