

Summer Camp Registration Form

(For use only if mailing or faxing form)
 For all camps other than Abbott's Mill, mail or fax form to: Ashland Nature Center, P.O. Box 700, Hockessin, DE 19707 Fax: (302) 239-2473
 Abbotts Mill Camps: Abbott's Mill Nature Center, 15411 Abbott's Pond Road, Milford, DE 19963 Fax: (302) 422-1849

Person Filling Out Form: _____
 Home Phone: (____) _____ E-Mail: _____ OK to receive Email from us: _____
 Address: _____ City: _____ State: _____ Zip: _____

Child's Name: _____ Birth Date: _____
 Camp Title: _____ Code: _____ Date: _____ Fee: \$ _____ Ext. Care? \$50*
 Camp Title: _____ Code: _____ Date: _____ Fee: \$ _____ Ext. Care? \$50*
 Camp Title: _____ Code: _____ Date: _____ Fee: \$ _____ Ext. Care? \$50*
 Camp Title: _____ Code: _____ Date: _____ Fee: \$ _____ Ext. Care? \$50*
 Camp Title: _____ Code: _____ Date: _____ Fee: \$ _____ Ext. Care? \$50*

For additional registrants, attach additional pages to this form.

Confidential Medical & Required Emergency Information: Please let any medications, allergies, physical disabilities or restrictions that the instructors should know about: _____

My child's medical insurance is: _____ My child's physician's name & phone #: _____
 _____ 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: _____ date _____
 (parent/guardian signature) _____

Not a Member? Sign up below and save on camp fees:

Household \$55 _____ Household Plus \$85 _____ Sustaining \$125 _____ Supporting \$250 _____ Sponsor \$500 _____ Director's Circle \$1000+ _____

Full Names of all Household Members:

Adult: _____ Email: _____ Child: _____ Birth Date: _____
 Work Phone: _____ Cell Phone: _____ Child: _____ Birth Date: _____
 Adult: _____ Email: _____ Child: _____ Birth Date: _____
 Work Phone: _____ Cell Phone: _____ Child: _____ Birth Date: _____

Payment Information (add \$50 for extended care per camp - Ashland location only):

Enclosed for programs: \$ _____, for memberships \$ _____ Total enclosed: \$ _____

Payment: _____ Check (payable to Delaware Nature Society) Credit Card: _____ Visa _____ Mastercard _____ Discover _____ American Express _____

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

Authorized Signature: _____

