NATURE CAMPS, INC. 2010 REGISTRATION FORM

Child's Last Name | Child's First Name | Nickname | Gender M ❍ F ❍ | Home Phone #

Age at Time of Camp | Grade NOW | Date of Birth | School Attending NOW | Did this Child Attend NC Last Summer? Yes ❍ No ❍

Child's Address | City | State | Zip Code

Parent/Guardian 1 Name | Address (if different from child's) | Home Phone (if different from child's)

Occupation | Work # | Cell # | Pager # | Email

Parent/Guardian 2 Name | Address (if different from child's) | Home Phone (if different from child's)

Occupation | Work # | Cell # | Pager # | Email

Would you consider participating in our Family Overnight and Concert (share a talent/story/song)? Yes ❍ No ❍

How did you hear of NC? Baltimore's Child ❍ Internet ❍ Camp Fair ❍ NC Family (who?)_____ Other _____

Camper Program: (Ages 5-12) Two-Week Sessions: 1 ❍ 2 ❍ 3 ❍ 4 ❍	**Teen Adventure Program:** (13-16 years old) Four-Week Sessions: 1 ❍ 2 ❍ 3 ❍
Camp Wonder Program: (Age 4) Two-Week Sessions: 1 ❍ 2 ❍ 3 ❍ 4 ❍	**Camp Little Feet Program:** (Ages 2½- 4) Two-Week Sessions, MWF: 1 ❍ 2 ❍ 3 ❍ 4 ❍

Add-a-Week Option: Please add the week of: _____

Riding Instruction:
Two-Week Sessions: 1 ❍ 2 ❍ 3 ❍ 4 ❍

Extended Day:
Two-Week Sessions: 1 ❍ 2 ❍ 3 ❍ 4 ❍

Van Service (from Greenspring Station only):
Two-Week Sessions: 1 ❍ 2 ❍ 3 ❍ 4 ❍

PAYMENT METHOD

Check/Money Order #: _____

Visa ❍ MC ❍ Am. Express ❍ Exp. Date: ____/____

Name on Card: _____

Card #: ____ — ____ — ____ — ____

Signature: _____

Charge Remaining Balance on*: ____/____(Date)
*NOTE: Unless otherwise stated, the balance will be charged on the Deadline: May 24, 2010.

PAYMENT CALCULATION

A $250 deposit MUST accompany the Registration Form.
Deposit is non-refundable unless registration is cancelled prior to May 24.
Full Payment and Health Form are due by May 24, without exception.

	Fee per Session	# of Sessions (Add-a-Week = .5)	Total
Camper / Camp Wonder Session	$700		
Camp Little Feet Session	$160		
Teen Adventure Session	$1600		
Riding Instruction	$325		
Extended Day Program	$100		
Van Service	$375		
		Grand Total	
		Amount Enclosed (Minimum Deposit of $250)	
		Amount Due	

For Office Use Only

TF	AMT	DT	NO	BD
HF				

Date Submitted: ____/____/____

Registration and Health Forms MUST BE SENT IN TOGETHER.
Mail completed forms to: Nature Camps, Inc., PO Box 240, Monkton, MD 21111-0240 or Fax to 410-343-0236