

# Lincoln Memorial Garden

## Ecology Camp 2015 Registration Form

Please use separate form for each child

**Send forms and payment to:**  
 Lincoln Memorial Garden  
 Ecology Camp Registration  
 2301 East Lake Shore Drive  
 Springfield, IL 62712  
 Phone: (217) 529-1111  
 audra@lincolnmemorialgarden.org

Camper's name: \_\_\_\_\_ Male \_\_\_\_\_ Female  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

All camp correspondence will be sent via e-mail, including confirmation and camp supply list. Information will be used for LMG purposes only.

Parent/Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent/Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_

If Parent/Guardian is not available in an emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any specific medical, physical or behavioral conditions that need to be considered

\_\_\_\_\_  
 \_\_\_\_\_  
 Additional comments including friend requests: \_\_\_\_\_  
 \_\_\_\_\_

Selection: Check Box	Session:	Dates:	Time:	Ages:	Member Fee:	Nonmember Fee:
<b>FULL</b>	I	June 15-19	8:30am-11:30am	4, 5, 6	-----	-----
	II	June 22-26	8:30am-3:30pm	6, 7, 8	\$130	\$170
	III	July 6-10	8:30am-3:30pm	7, 8, 9	\$130	\$170
	IV	July 13-17	8:30am-3:30pm	8, 9, 10	\$130	\$170
	V	July 20-24	8:30am-3:30pm	9, 10, 11	\$130	\$170
<b>FULL</b>	VI	July 27-31	8:30am-3:30pm	10, 11, 12	-----	-----

Payment is due with registration <input type="checkbox"/> Check enclosed # _____ <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard Name on Card: _____ Credit Card #: _____ Exp. Date: ___/___/___ Auth. Code: _____	Program Fee Total: \$ _____ Total from other registrations: \$ _____ Family Membership (\$75): \$ _____ Must be current to use Member fee. <b>Total Enclosed:</b> \$ _____
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Photographs are sometimes taken of participants in our activities for use in Garden materials. Please indicate by checking the box below if you give permission for the child you are registering to be included in these photographs.  
 yes  no

Signature: \_\_\_\_\_ Date: \_\_\_\_\_