



## 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  
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Received: \_\_\_/\_\_\_/\_\_\_    PMT: Ck CC NE    CONF: \_\_\_/\_\_\_/\_\_\_    TSS: \_\_\_\_\_    ✓ X

