"Let's Go WILD!" Summer Camp 2024 Registration Form

"Please use one form per camper."

	Today's Date: _					
	Camp Title :					
FE RE	Camp Dates: _					
Camper's Name: _						
Grade entering (September 2024):			Birthdat	e:		
Camp T-shirt Size (i						
Children's: X-Sm	all Small	Medium	Large	X-large	Other	_
Parent/Guardian N	Name:					
Address:						
City:		State:	Zip:			
Daytime Phone: _		Eve	ening Phone: ₋			
E-mail:						
ls your child knowr	n to be allergic to	anything? Ye	es No	If yes, pleas	se describe, including	the
severity of the resp	onse and any co	ontrol methods	used.			
Does your child ha	ıve any special n	eeds which m	ay impact his,	/her environm	ental education pr	0-
gram experience?	Yes No	If yes, pleas	e describe ar	nd let us know	what accommodation	ons
we can make to e	nsure that his/he	r experience a	t Cedar Run i	s enjoyable.		
		<u>PAYM</u>	ENT POLICY:			
Payment is due in t		· ·				
 Checks can be 	e made payable	to "Cedar Rur	".			
 Credit card type 	e:	#:		E	xp.:/	

CANCELLATION POLICY:

Total amount enclosed: \$_____

- A full refund (less a \$35 processing fee) will be issued if cancellation request is received no later than 30 days prior to the start of child's scheduled camp.
- A 50% refund will be issued if cancellation is received 14 to 29 days prior to the start of the camper's scheduled camp.
- No refund will be issued if cancellation request is received later than 14 days prior to the start of child's scheduled camp.