

River Bend Nature Center
2017 - Winter Break Nature Camp

Please fill out a separate registration form for each camper.

Child's Name _____ Age _____

Parent / Guardian Name _____ Relationship to child _____

Address _____ City/State/Zip _____

Home Phone _____ Work/Cell Phone _____

Email (required) _____

Camp Sessions: 9am – 2pm	Member	Non-Member	
_____ Tuesday, December 26	\$30	\$35	_____
_____ Wednesday, December 27	\$30	\$35	_____
_____ Thursday, December 28	\$30	\$35	_____
_____ Friday, December 29	\$30	\$35	_____

Total Payment Enclosed: _____

Health History & Emergency Contact Information

Please provide an emergency contact when parents/guardians cannot be reached.

Name _____ Relationship to child _____

Phone _____

Please list any special medical conditions or allergies that your child may have:



Please make checks payable to **River Bend Nature Center**
River Bend Nature Center – 3600 North Green Bay Road, Racine WI 53404
262-639-1515 • www.RiverBendRacine.org