

# CAMP LICHTERMAN WINTER BREAK

## December 28-31, 2020

After completing this form, please email form and waiver to [nature.reservations@memphistn.gov](mailto:nature.reservations@memphistn.gov). When received, reservations will call for payment. Please contact Dr. Dawn Manning at [dawn.manning@memphistn.gov](mailto:dawn.manning@memphistn.gov) with any questions/concerns.



### Child Information

_____	_____	_____	____/____/____	_____	_____
First Name	Last Name	M.I.	Birthday	Age	Gender
_____	_____	_____	_____	_____	<input type="checkbox"/>
Grade –Fall 2020	School	Pink Palace Membership ID	Non-Member		
_____	_____	_____	_____	_____	_____
Address	City	State	Zip Code		

### Parent/Guardian Information

_____	_____	_____	_____
Parent 1 Name	phone (1)	phone (2)	E-mail address
_____	_____	_____	_____
Parent 2 Name	phone (1)	phone (2)	E-mail address

Emergency contact name/phone number/relation to camper:

\_\_\_\_\_

Names of adults with permission to pick up camper:

\_\_\_\_\_

If your child has allergies to bees or any particular foods, please list:

\_\_\_\_\_

If your child has special needs Staff should be aware of, please explain:

\_\_\_\_\_

How did you hear about Camp Lichterman?

\_\_\_\_\_



# For Lichterman Office Use Only:

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Cardholder's Name or Buyer's Name

Form of Payment:

Visa       Mastercard       American Express       Discover  
 Cash       Check # \_\_\_\_\_       Online Payment

Check all fees that apply:

Camp Fee Member	\$200 per week	_____
Camp Fee Non-Member	\$210 per week	_____
Before Care Fee Member	\$25 per week	_____
Before Care Fee Non-Member	\$36 per week	_____
After Care Fee Member	\$50 per week	_____
After Care Fee Non-Member	\$68 per week	_____

Total Amount Paid \_\_\_\_\_