CAMP LICHTERMAN - Spring Break STEM Camp
March 15-19, 2021

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

Child Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>M.I.</th>
<th>Birthday</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Grade — Fall 2020</th>
<th>School</th>
<th>Pink Palace Membership ID</th>
<th>Non-Member</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Parent/Guardian Information

<table>
<thead>
<tr>
<th>Parent 1 Name</th>
<th>phone (1)</th>
<th>phone (2)</th>
<th>E-mail address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent 2 Name</th>
<th>phone (1)</th>
<th>phone (2)</th>
<th>E-mail address</th>
</tr>
</thead>
</table>

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?

__________________________
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    ___
After Care Fee Member    $50 per week    ___

Total Amount Paid    __________