



# Nature Explorers Camps 2019

After completing this form, please email to [nature.reservations@memphistn.gov](mailto:nature.reservations@memphistn.gov) or direct mail to Lichterman Nature Center, c/o Reservations, 5992 Quince Rd., Memphis, TN 38119. Please make checks payable to Lichterman Nature Center. Credit card payments may be made by phone at 901-636-2211 for convenience.

## Child Information

_____	_____	_____	____/____/____	_____	_____
First Name	Last Name	M.I.	Birthday	Age	Gender
_____	_____	_____	_____	_____	<input type="checkbox"/>
Grade – Fall 2018	School	Pink Palace Membership ID		Non-Member	
_____	_____	_____	_____	_____	_____
Address		City	State	Zip Code	
T-Shirt Size: Child	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	Adult	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L

## Parent/Guardian Information

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

## Camp Session(s) to Attend (Circle):

**Explorers = 4-Day (May 28-31)**      **Explorers (June 3-7)**      **Explorers (June 10-14)**

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 Lichterman Nature Center Camps?

\_\_\_\_\_



# 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 (Memorial 4-Day)	\$150 per week	_____
Camp Fee Member	\$170 per week	_____
Camp Fee Non-Member	\$180 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		_____