

MEN-O-LAN *RECONNECT* REGISTRATION FORM

for children in Grades 1 - 5

February 11, 2017

9:00 a.m. – 1 p.m.

\$25.00



Last Name: _____

First Name: _____ M/F: _____

Address: _____ Birthdate: ___/___/___ Grade ____ Age: _____

City: _____ State: _____ Zip: _____

Email: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

In Case of Emergency: (if unable to reach parent)

Contact Name: _____ Phone: _____

Allergies: _____

Previous Men-O-Lan Camper? ___ YES ___ NO

I understand the risks of outdoor activities and camping life, and consent to following: I shall not hold the camp responsible or legally liable for losses of personal property or bodily injury; my child may participate in all activities; Camp photographs/videos in which my child appears may be used in publicity, publications, and/or promotions.

Parent Signature: _____

Parent Name (please print): _____

You may pay by **check** or **credit card**.

Please make all **checks** payable to Camp Men-O-Lan.

Credit Card Information:

Type of Card: _____ Card Number: _____

Expiration Date: _____ 3 Digit Code: _____ Name on Card: _____

Thank you for your registration! We Look Forward to Seeing You!