



THE DAHLEM CONSERVANCY

Outdoor Adventure Summer Day Camp 2010 REGISTRATION FORM

Weeks of Camp (Mark 1st & 2nd choice): **Week 1: July 12-16** ___ **Week 2: July 19-23** ___ **Week 3: July 26-30** ___

I hereby give permission for my child _____ to participate in Outdoor Adventure Camp.
(Child's Name)

(Parent Signature)

(Date)

Grade my child enters in the Fall (circle one): **First** **Second** **Third** **Fourth** **Fifth/ Sixth**

Are you a returning camper? **Yes** ___ **No** ___ Do you have a family member also attending camp? **Yes** ___ **No** ___

If Yes, who? _____ Which Grade? _____

Name of Parent(s) _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

How did you hear about Outdoor Adventure Camp? _____
(if referred, please write the name of the person in this space)*

***The person that refers the most campers will be refunded the full cost of camp on Friday pickup. Everyone who refers at least 1 new camper will be entered into a drawing for a free camp scholarship!**

Registration Fee: \$95 per Member Child \$110 per Non-Member Child **Amount Enclosed \$** _____

Circle T-Shirt Size (included with registration) (Child S M L) (Adult M L)

REFUND POLICY: Full refunds will only be provided if cancellations are received before 12:00 p.m. the Friday prior to the beginning of the selected camp week.

PERMISSION FOR PHOTOGRAPH RELEASE

*I hereby grant The Dahlem Conservancy permission to display photo(s) of my child/myself,
(Child's Name): _____ on posters, brochures, and displays
representing the Dahlem Conservancy and/or its programs. Displays may be both in-house, at community
events, visual media, and/or in newspapers.*

(Parent / Guardian Signature): _____ Date: _____

GROUP PHOTO REQUEST

Upon request, Dahlem Conservancy is providing group photos of your child from
2010 Outdoor Adventure Summer Day Camp.

If you would like to receive a group photo, please include your email address and your group photo will be sent electronically upon conclusion of the session.

Share your camp souvenir with family and friends!

Email address: _____

**Please mail a completed copy of this form
and a check payable to The Dahlem Conservancy for the amount above to:**

The Dahlem Conservancy, 7117 South Jackson Rd. Jackson, MI 49201

www.dahlemcenter.org (517) 782-3453