



Registration Form

Camper's Information

Name: _____

Date of Birth: _____

Please check which week(s) you would like to attend:

- Birds of a Feather: June 20-25th
- Planeteers: July 4-8th
- Predator VS Prey: July 18 – 22nd
- Native Explorers: July 25 -29th

Shirt size

- XS
- S
- M
- L
- XL

Parent/Guardian's Information

Parent/Guardian name: _____

Relationship: _____

Parent/Guardian email: _____

Contact number: _____ (work) _____ (cell) _____ (home)

Please select which discount you qualify for:

- Siblings
- Membership (AGWCC only)

Weekly Lunch: Yes/No | *Weekly lunches are \$8 per day*

Preferred Payment Method: _____

Please fill out in detail if camper has any medical problems or allergies, we should be aware of.

Emergency Contacts

Name: _____ **Relationship:** _____

Contact number _____ **(work)** _____ **(home)** _____ **(cell)**

Name: _____ **Relationship:** _____

Contact number: _____ **(work)** _____ **(home)** _____ **(cell)**

Please complete and return form to: education@ardastra.com