



Wildlands Conservancy Program Registration Form

Participant's Name: _____ Grade _____ Age _____ Gender: M F

Parents/ Guardians Names: _____ Relationship: _____

Street Address: _____

City, State, Zip: _____

Phone: (daytime #) _____ (evening #) _____

Email (required to email additional program information) _____

My child wants to be in class with _____ (advance request required).

Program Code	Title	Date	Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Tax-deductible donation to support conservation of natural resources and environmental education. \$ _____

Total \$ _____

Charge my credit card for \$ _____ Visa MC V-Code # (last three digits on back of card): _____

Credit Card #: _____ Expiration Date: ____/____/____

Cardholder's Signature: _____ Name on Card: _____
print

Total Amount Enclosed by Check: \$ _____ Please make check payable to: Wildlands Conservancy

*** Required for Children's Programs**

Emergency Contact: _____ Relationship _____ Phone: _____

Emergency Contact: _____ Relationship _____ Phone: _____

Physician Phone: _____ Phone: _____

Does your child have any physical or emotional conditions of which our staff should be aware, such as asthma, allergies, ADD/ADHD, autism, etc.? _____

*** Required for all programs**

I hereby give my permission for above registrants to participate in all activities and to receive emergency medical treatment, if necessary. I also give permission for above registrants' photograph to be taken during activities and for the organizers of the Wildlands Conservancy to use these photograph image(s) in commercial or non-commercial publicity for Wildlands Conservancy.

Participants will follow normal standards of behavior. Refusal may result in removal from programming or dismissal from camp. I realize that in case of dismissal, no refunds will be given.

 (Print Participant/Parent/Guardian Name)

 (Signature of Participant/Parent/Guardian)

Please mail completed form and payment to:
Wildlands Conservancy
c/o Program Registration
3701 Orchid Place
Emmaus, PA 18049-1637

Or FAX form to: **610-965-7223** Attn: Program Registration
 Or phone **610-965-4397 ext. 145** for assistance

For office use only	Check #	Cash Amount	Staff Initials Date Rcvd
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