

Camp Registration



. . . where the curious mind comes to play . . .

Camp _____

Paid _____ Ck # _____ Date: _____

Name and age of Camper _____

Address _____

Phone - H: _____ -W: _____ Cell: _____

Email _____

Allergies or other concerns _____

Emergency Contact Information For:

Parent /Guardian _____

Phone _____ Cell _____ Pager _____

Other: _____

Person(s) Authorized for Pick-Up:

Photo Release

We take photos for publicizing the Sponsoring Organization and our programs. Your signature indicates that you are in agreement with your child's image published in publicity materials such as program brochures, flyers, reports and web pages.

Parent/Guardian Signature

Please make check payable to:

Exordium, 1635 Watertower Road , Enosburg Falls, VT 05450