



Audubon GREENWICH
Winter Vacation Nature Day Camp
Enrollment Application

Register by mail, fax, or in person:
 Audubon Greenwich Vacation Camp
 613 Riversville Road, Greenwich, CT 06831
 Phone: 203.869.5272 Fax: 203.869.4437

PLEASE USE A SEPARATE FORM FOR EACH CAMPER. Registration begins December 1, 2009.

Child's Name: _____ Sex: _____ Male _____ Female

Grade: _____ Date of Birth: _____
 (month/day/year)

Parent/Guardian Name: _____

Address: _____ City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Parent E-mail: _____

How did you learn about our camp? _____

Check the session(s) your camper will attend:

	Tuesday, February 16th <i>Predators</i>
	Wednesday, February 17th <i>Tracks & Traces</i>
	Thursday, February 18th <i>Animals on Vacation</i>
	Friday, February 19th <i>Wonders of Winter</i>

We will send you a confirmation packet upon receipt of this registration form and payment in full. If you do NOT receive a confirmation packet, which includes forms that must be on file for the State of Connecticut, please call Lindsey at 203.869.5272.

I prefer to receive my confirmation packet (check one):

_____ *Electronically (by e-mail)*

_____ *Hard copy (by postal mail)*

Cancellation Policy: Payment (minus 25%) will be refunded for cancellations received at least two weeks prior to camp. Cancellations made with less than two weeks notice will NOT receive a refund.

Cost: \$50/day for members
 \$60/day for non-members*
 * Join now and receive the member discount (annual family membership \$35.00).

Total Camp Fees \$ _____

\$35 for membership fee* \$ _____

Circle one: New Renewing

* Check here if you do not want Audubon to share your name with other organizations whose mailings you might find of interest.

Optional: Help another child attend an Audubon program with a tax deductible contribution. \$ _____

Total Enclosed \$ _____

Check here if your child participates in a free or reduced lunch program and you are requesting financial assistance.

Please make checks payable to National Audubon Society OR charge to (circle one):

_____ MC _____ Visa Expiration Date _____

Card Number _____

Signature _____