Name of Child:

Name of Parent/Guardian:

Address:

Phone number:

Email address:

Date of Camp:

Fee for the Camp (please circle): $240 (week long) or $45 (single day)

Please briefly share why you think the Science and Nature Summer Camp would be a valuable experience for your child and/or family:

Is the application for the full amount of the fee? Yes/No

If no, please provide details of the amount of financial assistance needed:

Without financial assistance the child will not be able to attend the camp? Yes/No

Signed – Parent/Guardian

Date