

MARIE  
SELBY  
BOTANICAL  
GARDENS®

**SELECT DESIRED CAMP WEEKS/SESSIONS:**

- (middle school) Camp GreenSTEM 2018: June 3-7, 9:00 A.M. - 3:00 P.M.
- Camp Lookout 2018 - Session 1: June 11-14, 9:00 A.M. - 3:00 P.M.
- Camp Lookout 2018 - Session 2: June 17-21, 9:00 A.M. - 3:00 P.M.
- Camp Lookout 2018 - Session 3: June 24-28, 9:00 A.M. - 3:00 P.M.

Camper name (last, first): \_\_\_\_\_

Camper age at time of camp: \_\_\_\_\_

Grade most recently completed \_\_\_\_\_ Name of School \_\_\_\_\_

Camper gender: \_\_\_ Female \_\_\_ Male

Camper T-shirt size: (Youth sizes) small \_\_\_ medium \_\_\_ large \_\_\_ x-large \_\_\_

Camper allergies or medical conditions (if none, write "None"):

\_\_\_\_\_  
\_\_\_\_\_

Parent/ guardian names(s): \_\_\_\_\_

Parent/ guardian phone #(s): \_\_\_\_\_

Parent/ guardian email(s): \_\_\_\_\_

\_\_\_\_\_

**Non-Parent** emergency contact:

\_\_\_\_\_

**BILLING INFORMATION: \$200 Member, \$220 Non-Member** per camper per session. *FULL tuition amount due at time of registration*

Check Enclosed *make payable to: Marie Selby Botanical Gardens (write "Summer Camp 2018" on Memo line)*

Credit Card: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ AMEX \_\_\_ Discover

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ CSC#: \_\_\_\_\_