

ANS ARLINGTON VA SUMMER CAMP REGISTRATION FORM

Please print all information in ink. If signing up more than 2 children, please use an additional registration form.

Parent/Guardian 1 _____	Parent/Guardian 2 _____
Address _____	Address _____
City, State & ZIP _____	City, State & ZIP _____
Work Ph _____ Cell _____	Work Ph _____ Cell _____
Home Ph _____	Home Ph _____
*Email _____	Email _____

*Registration confirmation and camp information will be sent via e-mail

Cost

Child's Name: _____

Birthdate: ____/____/____ Age: ____ Grade in Fall 2010: _____

Camp: _____

Camp: _____

\$ Total for all weeks: _____

Child's Name: _____

Birthdate: ____/____/____ Age: ____ Grade in Fall 2010: _____

Camp: _____

Camp: _____

\$Total for all weeks: _____

MAKE CHECK PAYABLE TO ANS. MAIL TO:

Karen Vernon
Audubon Naturalist Society
8940 Jones Mill Road
Chevy Chase, MD 20815

Join the Audubon Naturalist Society for half off!

Family Membership: \$25

Camp Scholarship Donation:

Total Amount Enclosed:

