

# 2011 Summer Ecology Camp

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE (H) \_\_\_\_\_ MOM (W or Cell) \_\_\_\_\_ DAD (W or C) \_\_\_\_\_

CONTACT PERSON'S NAME (other than parents) \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W or C) \_\_\_\_\_

SESSION \_\_\_\_\_ (If Session 1  AM or  PM )

AGE \_\_\_\_\_ Male  Female

GRADE **completed** by June 2011 \_\_\_\_\_

LMG MEMBER (*Please be certain that your family membership is current!*)  LMG NONMEMBER

Please let us know if there are any special conditions or allergies that LMG staff should be aware of concerning your child. \_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Photographs are sometimes taken of participants in our activities for use in Garden materials. Please indicate by checking the box below if you give permission for the child you are registering to be included in these photographs.  Yes  No

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Mail with payment to: Lincoln Memorial Garden, 2301 East Lake Drive, Springfield, IL 61712-8908. Thank you for your continued support of our environmental education programs. Questions?? Call Betsy at 529-1111, or email [betsyirwin@comcast.net](mailto:betsyirwin@comcast.net).