

Wilderness Nature Camp Registration Form 2018

Pioneers Park Nature Center, Lincoln Parks and Recreation

Register online at parks.lincoln.ne.gov

Camper's First & Last Name _____ Date of Birth _____

T shirt size: please check one Youth S ___ M ___ L ___ Adult S ___ M ___ L ___ XL ___

Camp is held Monday - Friday, 8:30 am - 5 pm.

Extended Care Options ___ Before: 7:30-8:30 am ___ After: 5:00-5:30 pm ___ Both

Available at no extra cost, donations are appreciated.

Placement in camp will not be secured until registration, waiver form, and enrollment fees are submitted.

DATE	CAMP	\$185/WEEK
June 11-15	Animal Architects	_____
June 18-22	Marvelous Mud	_____
June 25-29	Bull's Eye	_____
July 9-13	Wildlife Helpers/Zoology Week	_____
July 16-20	Bike Camp (Ages 9-13)	_____
July 16-20	Art in Nature (Ages 6-13)	_____
July 23-27	Aquatic Adventures	_____
July 30-Aug 3	Photography	_____

TOTAL COST: _____

A \$25.00 NON-REFUNDABLE ENROLLMENT FEE FOR EACH WEEK IS REQUIRED WITH YOUR REGISTRATION.

Enrollment fees will be applied to total cost. Remaining fees are due ONE WEEK before each camp session. Cancellations not received one week before camp are billed for the full fee.

Need-based scholarships are available. For more information please contact the Nature Center at 402-441-7895.

Payment Options:

• **Check** (payable to Lincoln Parks & Recreation)

• **Credit Card: Visa / Master Card / Discover**

Call, 402-441-7895, to pay over the phone. Go online, parks.lincoln.ne.gov and click on "Register Online."

If registering online or by phone please send waiver form to the Nature Center via mail, email, or in person. Enrollment is not complete until waiver form is received.

AMOUNT ENCLOSED _____

Credit Card # _____ Exp. Date _____ CSC _____

Name of Parent/Guardian _____ Phone Number _____

Signature of Parent/Guardian _____ Date _____

Placement in camp will not be secured until registration, waiver form, and enrollment fees are submitted.

Office Use Only:

Enrollment Fee: Date _____ Amount _____ Receipt Number _____ Received by _____

Payment: Date _____ Amount _____ Receipt Number _____ Received by _____