

RIVERSIDE NATURE CENTER - SUMMER DAY CAMPS 2009-2010

Registration Form

Participant's Name: _____ Entering grade: _____ M or F

Adult contact: _____

Address: _____ City: _____ Zip: _____

Camp Selection: _____ Date(s) _____ Session#: _____

Enclosed: Cash _____ Check _____ (Note: a \$15 non-refundable deposit is required to hold space)

Bring or Mail to:
Riverside Nature Center
Attn: Summer Camp
150 Francisco Lemos
Kerrville TX 78028

For more information of questions, call 257-4837

****AN EMERGENCY HEALTH FORM MUST BE
COMPLETED PRIOR TO A STUDENT BEGINNING CAMP****