



BUG CAMP: Insects, Science & Society

2017 REGISTRATION FORM

Camper Information

Camper's Name: _____

Camper's Full Address: _____

Sex: _____ Date of Birth: _____

Food or Other Allergies: _____

Parent/Guardian Information

Parent/Guardian #1 Name: _____

Daytime Phone Number: _____

Email Address: _____

Parent/Guardian #2 Name: _____

Daytime Phone Number: _____

Email Address: _____

Please check the session for which you would like to register:

___ Session 1, ages 7-12: June 26th - June 30th

___ Session 2, ages 7-12: July 10th - July 14th

The completed registration form and a non-refundable deposit of \$50 for each camper must be sent to the address given below to secure a spot in the camp. Upon receipt of these items, a confirmation letter with more detailed information, a health form, a code of conduct, and a permission to participate will be mailed to you. The health form, code of conduct, permission to participate and the balance of your camp fee are due by **JUNE 10th**. Please make all checks payable to the University of Maryland. Spots in Bug Camp are limited and will be filled in the order in which deposit checks are received. Any deposit checks received after the camp has been filled will be returned and the camper will be placed on a waiting list. Should a spot open up, parents will be notified in the order that their deposit checks were received.

I am enclosing a check for:

___ The \$50 deposit. (Note: deposit will be deducted from camp fee upon receipt.)

___ The total camp fee of \$295.

Return form and deposit to:

Kiley Gilbert
4112 Plant Sciences
Department of Entomology
University of Maryland
College Park, MD 20742

For more information please contact Grace Anderson or Kiley Gilbert at UMDBugCamp@gmail.com