



**Environmental Education Registration Form**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Member  Non-Member

<b><u>Program</u></b>	<b><u>Date</u></b>	<b><u>Fee</u></b>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

My child wants to be in class with \_\_\_\_\_ (*advance request required*).

**Total Amount Enclosed:** \$ \_\_\_\_\_

Charge my credit card for \$ \_\_\_\_\_  Visa  MasterCard

Credit Card #: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ V-Code # (*last three digits on back of card*): \_\_\_\_\_

**Please make check payable to:** Wildlands Conservancy

**Add in memo section of check write:** Education Program

**Please complete form and mail payment to:** Wildlands Conservancy, 3701 Orchid Place, Emmaus, PA, 18049-1637

**Parental Permission**

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

Allergies, disability, etc.: \_\_\_\_\_

I hereby give my permission for my son/daughter to participate in all activities and for my son/daughter to receive emergency medical treatment, if necessary.

I also give permission for my child to be photographed during activities, and for Wildlands Conservancy to use my child's photographic image in commercial or non-commercial publicity for nature programs or facilities.

\_\_\_\_\_  
(Print Parent/Guardian Name)

\_\_\_\_\_  
(Signature of Parent/Guardian)