

Registration Form for The Wilds of New England Family Day Camp August 9-13, 2021

Rev./Dr./Mr./Mrs. _____ DOB* _____ / ____ / ____
*Collected for medical/legal purposes

Spouse's first name (if attending) _____ DOB _____ / ____ / ____

Names of children attending Family Camp	Grade Sept. 2021	Date of birth	Gender	Grade Sept. 2021	Date of birth	Gender
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> M <input type="checkbox"/> F
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		/ /	<input type="checkbox"/> M <input type="checkbox"/> F		/ /	<input type="checkbox"/> M <input type="checkbox"/> F

Office Use Only

Pd \$ _____

Due \$ _____

Contact Info:
 The Wilds of New England
 1181 Deering Center Rd. • Deering, NH 03244
 Phone: (603) 529-0001 • Fax: (864) 331-3285

Address _____

City _____ State _____ Zip _____




Phone (_____) _____
 Business Cell Home

E-mail _____

Church Name _____ City _____ State _____

A \$100 registration fee must accompany this form. Registration fees are refundable or transferable only if we are notified of the cancellation at least 60 days before the program begins.
To register online, go to www.wilds.org/register. Alternatively, you can fax or mail the form with your check or credit card information.

Charge \$100 reg fee Charge Total Amount _____

Card Number _____

Exp. Date _____ CVV# _____ Billing Zip Code _____

Print name as it appears on card _____

Signature of cardholder _____