2018 NIM KIDS SUMMER CAMP REGISTRATION FORM

Camper First and La	ast Name	Age	
Parent/Guardian Fi	rst and Last Name	e	
Parent/Guardian Er	nail address		
Parent/Guardian M	ailing Address	City:	City:
State	Zip	Contact Phone #	
In case of an emerg	ency, please list t	the name and number of someone else we could contact	
Emergency Contact	Name	Em. Contact #	
Does your student h	nave any allergies	or medical conditions we need to know about? If so, what are they?	
		your camper? Please list their name(s) and phone number(s)	_
		r? Youth- S M L Adult- S M L	_
How did you learn a	bout our summer	camp? (please circle one)	
Summer Camp Flye	r News _l	paper TV/Radio Internet Word of Mouth	
At School	Other	(please specify)	
Is your student the	son or daughter o	f active or retired military?	
What camp will you	r student attend?	(please circle)	
June 11-15 "Object July 9-13 "Leadersh		Yards" June 18-22 "Leadership II" Jun 25-29 "Boots on the Gro June 4-8 "CIT"	ound"
*There is an applica	ation and Intervie	w process for this camp session.	
	itary discounts are av	to <u>The National Infantry Foundation</u> . The cost is \$200 per week per session, per camparilable for \$175 per session per camper. *CIT Course is \$130 per camper. Early regis ilable.	
Contact (706) 685-2614	4 / campdirector@nat	tionalinfantryfoundation.org for details.	
Please drop off at the M 31903	useum or mail to: Ed	lucation Department, National Infantry Museum, 1775 Legacy Way, Suite 220, Columb	bus, GA
		(FOR MUSEUM USE ONLY)	
Registration Fee Paid Or	n Entered	d in Database on	
Paid by: CASH	CHECK (#)	Credit EXP	
Amount paid:	Notes:		