

# REGISTRATION

Register online at [www.LCFPD.org/Camps](http://www.LCFPD.org/Camps), by phone at 847-968-3321, or by fax at 847-948-7712. To register by mail print completed application and send with payment to: Program Registration, Lake County Forest Preserves, 21950 N. Riverwoods Rd., Deerfield, IL 60015.

Make checks payable to Lake County Forest Preserves

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering Grade \_\_\_\_\_

Camp Name \_\_\_\_\_

Session Number \_\_\_\_\_ Camp Cost \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering Grade \_\_\_\_\_

Camp Name \_\_\_\_\_

Session Number \_\_\_\_\_ Camp Cost \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering Grade \_\_\_\_\_

Camp Name \_\_\_\_\_

Session Number \_\_\_\_\_ Camp Cost \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering Grade \_\_\_\_\_

Camp Name \_\_\_\_\_

Session Number \_\_\_\_\_ Camp Cost \_\_\_\_\_

Special needs? \_\_\_\_\_

Registration will not be processed without payment.

**TOTAL ENCLOSED** \$ \_\_\_\_\_

Registration is not complete until completed health forms and waivers are received.



VISA or Mastercard

Number - - -



Exp: / or enclose check with mailed registration.

3-Digit Verification Code

