



2019 VINS Nature Camp Program Registration Form

Camper's Name: _____ Camper's Grade Fall 2019: _____

Camper's Date of Birth: _____ Camper's Gender: M F

Name of Camper's School: _____

Parent/Guardian Name(s): _____

Street Address: _____

Town/State/Zip: _____

Home phone: (____) _____ Work Phone: (____) _____

Mobile Phone 1: (____) _____ Mobile Phone 2: (____) _____

E-mail 1: _____ E-mail 2: _____

PLEASE NOTE: All registration communications are electronic.

Are you currently a VINS member? Y N

Camp Selection: _____ Cost: _____ Location: _____ Date: _____

Camp Selection: _____ Cost: _____ Location: _____ Date: _____

Camp Selection: _____ Cost: _____ Location: _____ Date: _____

Has your child previously attended VINS Nature Camp? Y N

If so, what location? _____

How did you hear about VINS Nature Camp?

Previously Attended Friend/Family Newspaper VINS e-Communication

Facebook School Web Search

VINS Website Other (Please describe) _____

Payment Method:

MasterCard _____ Visa _____ Check Enclosed _____

Card # _____ Exp. date _____

Name on Card _____

Signature _____

Please make check payable to
"Vermont Institute of Natural Science"
Please send registration and payment to:
VINS Nature Camps
Vermont Institute of Natural Science
P.O. Box 1281
Quechee, VT 05059
Fax number: 802.359.5001