

Pacific Whale Foundation's Outdoor Adventure Naturalist Camp

For grades 6–8

OFFICE USE ONLY
Reservation Entered

(Date and Name)

Camper's Name: _____ Age: _____ Entering Grade Level: _____

You can sign up for an entire week of camp, several weeks of camp or you can sign up for selected days. You Choose! Please select from the options below:

Session Dates

June 14 – June 18

June 21 – June 25

Daily activities are listed on web at www.mauioceancamp.org

Weekly Rate \$285 (**\$230 for Members**)

Daily \$57/day (**\$46/day for Members**)

Please indicate individual days: **M TU W TH F**

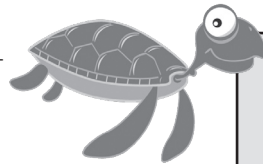
If you are a Pacific Whale Foundation member, please write your membership number here: _____

Please check here if you are not a Pacific Whale Foundation member and would like to join at this time. Please enclose \$55 for your Pacific Whale Foundation membership fee.

Please tell us how you heard about our camp: _____

Note: Camp payment in full is required at the time of registration. This payment is fully refundable up to two weeks prior to the start of each camp session. We will refund 50% of the payment if you cancel up to 48 hours before the start of camp. No refunds without 48 hours cancellation notice prior to camp start date. We require a minimum of 8 campers for each camp session.

Total payment enclosed: \$ _____



Please mail or drop off this form to:

Pacific Whale Foundation, Ocean Discovery Camps
300 Ma'alaea Road, Suite 211, Wailuku, HI 96793
(Located next to Maui Ocean Center)

Or you may fax it to: (808) 243-9021

Method of Payment

Check enclosed, make check payable to: **Pacific Whale Foundation**

Visa Mastercard American Express

Card # _____ Exp. Date: _____ Sec. Code: _____

Name on credit card (please print): _____

Parent or Guardian Name: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Information

First Name: _____ Relationship: _____ Phone: _____

* Any Allergies? (If none, please write "none"): _____

* Any Medical Conditions? (If none, please write "none"): _____

* Physician Name & Phone (If none, please write "none"): _____

Health Insurance Carrier & Policy Number: _____

Camper Authorized to Ride Bus? Yes No (parent authorization form to be signed)

Questions? Prefer to register by phone? Call 249-8811 ext.1

Wish to speak with our Camp Director? Call 856-8317 or email erica@pacificwhale.org

