

Registration Form



Camp/Event _____

Name and age of Camper _____

Address _____

Phone _____ Email _____

Allergies or other Health Concerns:

Emergency Contact Information

Parent /Guardian _____

Phone _____ Cell _____ Pager _____

Volunteer Info

In order to continue the great fun and success of the camp we encourage all parents or guardians to volunteer at least one day if possible.

If you are able, please provide your contact info and preferred days _____

Photo Release

We take photos for publicizing Exordium and our programs. Your signature indicates that you are in agreement with your child's image published in Publicity materials such as program brochures, flyers, reports and web pages.

Parent/Guardian Signature

Amount enclosed: _____

Please make check payable to

Exordium Inc.

754 Rice Hill Road, Franklin,

VT 05457