

# NC WILDLIFE ACTION PIONEER DAY CAMP 2017 APPLICATION



Helms Nature Preserve, 543 Sunset Ave., Whiteville, NC

*"SHARING THE ADVENTURE"*

\*Must be a Wildlife action Member to Participate



**NC State Pioneer Day Camp** - June 12-June 16, 2017 - 9am-1pm

Co-Ed - Ages: 6-11 Deadline for Application 6/05/17- Cost: \$125

I am currently not a member but also enclosed is my **\$40 Family Membership** dues. (see form on back)

**\*Mail this application and membership fee (if applicable) to: NC Wildlife Action, P.O. Box 1314, Whiteville, NC 28472**  
If you have questions call Camp Co-ordinator Rita Parker - (910) 612-2843  
Or (910) 642-8309

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ T-shirt size \_\_\_\_\_ Youth or Adult

COST: \_\_\_\_\_ PAID: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CHILD HAS OR IS SUBJECT TO THE FOLLOWING: (CHECK IF YES)**

\_\_\_\_\_ ASTHMA \_\_\_\_\_ NOSE BLEEDS \_\_\_\_\_ CONVULSIONS  
\_\_\_\_\_ ALLERGIES \_\_\_\_\_ HEART TROUBLE \_\_\_\_\_ DIABETES  
\_\_\_\_\_ FAINTING SPELLS \_\_\_\_\_ ACTIVITY RESTRICTIONS  
\_\_\_\_\_ OTHER

**PLEASE READ & SIGN BACK OF FORM**