

Bacab Summer 2009 "Young Ecologist Adventure Bush Camp"

Please complete this form and return with the appropriate deposit (see below).

For questions call 225-3537 or 610-2953. Fax to: 223-0385

Camper Name: _____

Gender: ___ boy ___ girl **Age** _____ **Date of birth** ____/____/_____

Home Address: -

Village/Town/City _____ **District:** _____

Parent 1 Name: _____ **email:** _____

Home: (____) _____ **Employer:** _____

Work: (____) _____ **Cell:** (____) _____

Parent 2 Name: _____ **e-mail:** _____

Home: (____) _____ **Employer:** _____

Work: (____) _____ **Cell:** (____) _____

If parents are not together, who is the camper living with? Parent 1____ Parent 2____

Other: _____

Relationship if not parent: _____

Are you legal guardian? Yes____; No____ **Other Emergency contact:**

Work: (____) _____ **Cell:** (____) _____

Address: _____ **City:** _____ **District:** _____

Home: (____) _____

Camper General Health Information:

Does camper take medication? Yes__ No___, What: _____

Dosage schedule: _____

Any Allergies?: Food: Yes___, No___ Medicine Yes___ No___

Explain

Other:

List any restrictions camper is under:

Payment form: ___ Cash ___ Credit Card

Cash payment can be deposited in either of Future Vision Investment Company Ltd. bank account at Belize Bank Ltd. (a/c#698-22).

Credit Card Information:

Card Holder Name: _____

Phone # (____)_____ Type of Card: _____

Card No#: _____ Expire Date: ___/___/___

Amt. Authorized: \$_____._____ Authorized Signature: _____