



Camp Forest

Nurturing a Love of Nature

PO Box 354 ~ 84 Payson Road ~ Brooks, ME ~ 04921 ~ (207) 930-8012 / (406) 880-0177

Please print, complete all applicable sections, and mail your registration form. Use a separate form for each camper, whether adult or child. Use back of form if more space is needed. Thank you.

2020 Camper Registration Form

Camper Name:	Age	DOB	Gender
Parent/Legal Guardian Name(s):			
Address:	City:	State:	Zip:
Home Phone: ()		Work Phone: ()	
Email Address:			
Emergency Contact:		Emergency Phone: ()	

Check Desired Activity(s)

Day Camp Deposit = \$50. Expedition Deposit = \$75. Deposit required for each week selected.

<input type="checkbox"/>	July 6 – 10	Watershed Expedition: Day Camp and Expedition Combo / four-night sleepover \$275 Day Camp Only / In and Out \$275 Plus \$55 for each overnight	\$495
<input type="checkbox"/>	July 13 – 17	Forest Basics	\$225
<input type="checkbox"/>	July 20 – 24	Maine Woodsman / one-night sleepover	\$225 / \$250
<input type="checkbox"/>	July 27 – 31	Animal Week 1	\$225
<input type="checkbox"/>	August 3 – 7	Animal Week 2	\$225
<input type="checkbox"/>	August 10 – 14	Hills to Sea Expedition: Day Camp and Expedition Combo / four-night sleepover \$355 Day Camp Only / \$55 additional for each overnight / Transportation \$10 trip	\$575
<input type="checkbox"/>	August 17 – 21	Eagle and Beaver Skills / two-night sleepover	\$225 / \$275
<input type="checkbox"/>	August 24 – 28	Harvest Week	\$225
<input type="checkbox"/>	August 28	Harvest Dinner – Bring a fresh food dish Suggested Donation is \$10	Donation

Please answer the following on the back of this form:

Is there anything physical, mental, or emotional about the camper you would like us to know?
Is this the first time overnight camping? Tell us about any prior wilderness skills experience.

Medical Information: We are required to have a copy of a child's up-to-date immunization record or a written statement by the parent of non-immunization.

If the Camper has any type of medication, epi pen, insulin, etc., please list and request the Medical Permission paperwork.

Insurance Name: _____ Telephone: _____

Doctor's Name: _____ Telephone: _____

Complete and mail with full fee, campership award, or non-refundable deposit.

Confirmation and permission forms will be mailed to you.

Thank you!