

# 30<sup>th</sup> Annual Adult Session

# “Storms in Nature and the Power of Water”



16-20 August 2019

## REGISTRATION FORM

**Total fee is \$325**

Name: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

E-mail Address: \_\_\_\_\_ Telephone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Please send information by:  E-mail  Postal mail  I plan to **arrive** (when): \_\_\_\_\_  
(circle one)

**depart** (when): \_\_\_\_\_

- I would like to request a lower bunk bed (*check if yes*)
- I am fully omnivorous and am prepared to eat a variety of foods while at camp.
- I am a vegetarian of this type:
  - Semi-vegetarian (no pork or beef)
  - Pesco (no pork, beef, or chicken)
  - Lacto (no meats, fish, seafood, or eggs)
  - Ovo (no meats, fish, seafood, or dairy)
  - Lacto-ovo (no meats, fish, or seafood)
  - Vegan (no meats, fish, seafood, eggs, or dairy)
- I have the following other dietary restrictions: \_\_\_\_\_

(Please circle one choice each below.)

I **consent** / do **NOT** consent to allow Nature Camp to share my address, e-mail address, phone number) with other AS participants.

I **consent** / do **NOT** consent to allow Nature Camp to use my image, likeness, voice recording, or writing for promotional purposes.

For new Adult Session campers: Please tell us how you learned about Nature Camp’s Adult Session.

\_\_\_\_\_

Please provide the name of someone to be contacted in case of an emergency.

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ (evening): \_\_\_\_\_ (other): \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

Return registration form to:

For more information please

(\$325 per person)

Philip Coulling  
310 Enfield Rd.  
Lexington, VA 24450 (*before June 9*)  
316 Nature Camp Trl.  
Vesuvius, VA 24483 (*after June 9*)

call: 540-460-7897  
e-mail: director@naturecamp.net

Make checks payable to  
**Nature Camp Inc.**

**Early registration is recommended, as space is limited.**