

Inventive Builder Camp Registration Form 2017 Winston-Salem

To reserve a place in any of the sessions please complete this form and mail with payment (\$225) to Inventive Builder, P.O. Box 465, Statesville NC 28687

An email confirmation providing details about camp will be sent upon receipt of this form

Camp Session <u>Please circle session you are interested in attending</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 20%;">June 26-30</td> <td style="width: 25%;">Milton Rhodes</td> <td style="width: 15%;">Ages 6-9</td> <td style="width: 35%;">9-1pm</td> </tr> <tr> <td>2.</td> <td>June 26-30</td> <td>Milton Rhodes</td> <td>Ages 10-14</td> <td>2-6pm</td> </tr> <tr> <td>3.</td> <td>July 10-14</td> <td>Milton Rhodes</td> <td>Ages 6-9</td> <td>9-1pm</td> </tr> <tr> <td>4.</td> <td>July 10-14</td> <td>Milton Rhodes</td> <td>Ages 10-14</td> <td>2-6pm</td> </tr> <tr> <td>5.</td> <td>July 17-21</td> <td>Milton Rhodes</td> <td>Ages 6-9</td> <td>9-1pm</td> </tr> <tr> <td>6.</td> <td>July 17-21</td> <td>Milton Rhodes</td> <td>Ages 10-14</td> <td>2-6pm</td> </tr> </table>	1.	June 26-30	Milton Rhodes	Ages 6-9	9-1pm	2.	June 26-30	Milton Rhodes	Ages 10-14	2-6pm	3.	July 10-14	Milton Rhodes	Ages 6-9	9-1pm	4.	July 10-14	Milton Rhodes	Ages 10-14	2-6pm	5.	July 17-21	Milton Rhodes	Ages 6-9	9-1pm	6.	July 17-21	Milton Rhodes	Ages 10-14	2-6pm
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6.	July 17-21	Milton Rhodes	Ages 10-14	2-6pm																											
Camper Name:	Please Circle: Boy Girl																														
Parent Name:																															
Address:																															
Home Phone:																															
Cell Phone:																															
Child's age (at time of camp):																															
Email Address: *																															
List authorized persons for pick-up																															
Additional emergency contact person and phone:																															
Carpooling with another camper or attending with a friend? Add name here.																															
Allergies, diagnoses or health issues that would be relevant during camp or necessitate additional assistance																															
# of years attending our camp ☺																															
How did you hear about our camp?																															

My child has my permission to attend this camp. I hereby release the Inventive Builder and/or any of its agents from any liability resulting from participation in the above-mentioned activity. I understand that no supervision will be provided before or after camp.

In the event reasonable attempts to contact me in case of emergency have been unsuccessful, I hereby give my consent for camp staff to allow my child to be transported to an area hospital and be treated according to the recommendation of doctors on staff.

Parent/Guardian Signature:	
Printed Parent/Guardian Name:	
Date:	
Student's School/Home Schooled:	

*We will send confirmation of enrollment via email. If no email is available, we will send confirmation via US mail. If you consent to having your child's picture with their Lego creations published on our website and/or in a regional newspaper please sign here. Thanks!
