

If you would like more information about Camp Rendezvous, please call (636) 938-5900, and ask for Pamela Meyer, Education Director. If you would like to make a reservation for your child to attend Camp Rendezvous, please send in the following reservation with payment to: WCSRC, P.O. Box 760, Eureka, MO 63025. An agenda, directions, and more detailed information will be sent out closer to the start date to the parent/guardian who register the camper.

My child has ___ / has not ___ attended Camp Rendezvous in the past.

___ Please enroll my child in after care from 3:00pm - 5:00pm (please add \$40 to total)

Please circle the session of your choice: **June 12-15** OR **June 26-29**

Participant Name _____

Parent/Guardian Name _____

Participant Grade Level: _____ (Fall >06) AGE: _____ (on June 1, 2006)

Address: _____

Home Phone # _____ Work Phone: _____

___ My check or money order for \$ _____ is enclosed.

___ Charge my ___ MC ___ Visa ___ Amer. Exp (note: \$5.00 processing fee will be added to total)

Signature _____

Account Number _____ Exp Date _____

T-Shirt Size: Please indicate if youth or adult size _____

Please list any allergies and/or health/behavioral issues we need to be aware of during the camp. Please include any medications your child is currently taking.

***Just a reminder, space is limited to 30 children per session and reservations are expected to fill up quickly. Payment must be made at time of reservation. In the event of a cancellation, to receive a full refund, you must notify the Wild Canid Center **at least one month** in advance.