

Delaware-Otsego Audubon Society

John G. New Summer Day Camp 2019

The program provides fun, hands-on experiences in natural science and environmental education through field investigations, crafts and games. Campers will explore a variety of habitats and learn about creatures that live there. **There is limited space in these programs, so registrations will be accepted on a first come, first served basis.** If all spots are filled, we will maintain a waiting list in case there are changes in registrations. Refunds for cancellation will not be issued after 6/14/19. For additional information, please contact Susan O'Handley, Education Chair at 607-643-5680. Full & partial scholarships *may be* available. Please include payment for amount you are able to pay.

Session 1: July 15, 16, 17, 18 - 9:30am-3pm at DOAS Sanctuary on Franklin Mountain, Oneonta For children entering grades 3 and 4. Fee: \$140/DOAS current family membership required (DOAS Family membership: \$20/yr; \$30/2 yrs)

Session 2: July 29, 30, 31, August 1 - 9:30-3pm at DOAS Sanctuary on Franklin Mountain, Oneonta For children entering grades 5 and 6. Fee: \$140/DOAS current family membership required (DOAS Family membership: \$20/yr; \$30/2 yrs)

Session 3: August 19, 20, 21, 22 - 9:00-noon at Oneonta World of Learning, Fortin Park, For children entering grades 1 and 2. Fee: \$110

Complete the form below and mail with full payment by check to: DOAS, PO Box 544, Oneonta, NY 13820. Please note 2019 Camp Session # ___ in the memo along with child name(s).

Online registration is also available at <http://doas.us/2019-audubon-day-camp/>

John G. New Audubon Day Camp 2019: Please complete the form below (one form per child).

Child's Full Name (first and last): _____ Child's Age: _____

___ Session 1:7/16-7/19 (grades 3&4) ___ Session 2: 7/30-8/2 (grades 5&6) ___ Session 3:8/20-8/23 (grades 1&2)

Parents Names (first names only if same last name): _____

Best Phone Number: _____ Best Email (print clearly): _____

Street Address: _____ City: _____ Zip: _____

Emergency Contact (Name and Phone): _____

Relationship: _____

Are you requesting fee assistance? ___ Yes ___ No (If yes, please send amount you are able to pay along with this form). If funds are not available to provide for the full balance, we will notify you once determinations are made. DOAS Scholarships are determined based on needs and available funds each year.)

Special Considerations: Please indicate any illnesses, allergies, conditions, notes, etc. on the back of this form.