

School Vacation Programs

Registration Form

To register, please return this form with payment. You may also call the Education Program (646-1555 x142) to register over the phone with a credit card. Upon receipt of your registration, we will send you a confirmation letter and health form. Completed health forms are due no later than 1 week before the start of your session.

Refund Policy: 50% of the fee is refundable if written notice is received two weeks before the program. If the Reserve staff cancels a session due to weather, full refunds will be issued.

Date / Program / Time / Ages

- | | | | | |
|--------------------------|------|---------------------------------|---------|------|
| <input type="checkbox"/> | 2/21 | Winter Trekkers | 9am-3pm | 9-12 |
| <input type="checkbox"/> | 2/22 | Snow Survivors | 9am-3pm | 9-12 |
| <input type="checkbox"/> | 2/23 | Winter Wildlife
Detectives | 9am-3pm | 6-9 |
| <input type="checkbox"/> | 2/24 | Winter Feathered
Friends | 9am-3pm | 6-9 |
| <input type="checkbox"/> | 4/16 | Vernal Pool Party | 9am-3pm | 6-9 |
| <input type="checkbox"/> | 4/17 | Endangered
Neighbors Art Day | 9am-3pm | 6-9 |
| <input type="checkbox"/> | 4/18 | Migration Exploration | 9am-3pm | 9-12 |
| <input type="checkbox"/> | 4/19 | Beach Keepers | 9am-3pm | 9-12 |

Please check our Public Programs calendar for additional offerings for families.



School Vacation Programs

Registration Form

Child's Name _____

Age _____ Current Grade _____

Parent Name(s) _____

Address _____

Phone _____

E-mail _____

- We are active Laudholm Trust members. Please charge us the member rate of \$40 per session.
- We would like to join Laudholm Trust today and receive the member discount. We have added \$40 for the annual household/family membership.
- We are not Laudholm Trust members. Please charge us the non-member rate of \$50 per session.

Note on Program Cost: Each program is \$40 for members and \$50 for non-members. For every 2 camps you sign up for, receive a \$10 discount off your total cost. Scholarship money is available and the application is online at www.wellsreserve.org.

Payment Method:

- Check (make payable to Wells Reserve)
- Please charge my credit card:

Name on card _____

Card number _____

Expiration Date ___ / ___ MC DSC AmEX Visa

Signature _____

Please mail to:

Wells Reserve Education Program
342 Laudholm Farm Road
Wells ME 04090
www.wellsreserve.org
(207) 646-1555 ext 142