



Registration Form

June Bugs Session 1: June 14th - 18th

June Bugs Session 2: June 21st - 25th

June Bugs Session 1

AM Session 9:15- 11:15

Mon 14_____ Tues 15_____ Wed 16_____ Thurs 17_____ Fri 18_____

OR

June Bugs Session 2

AM Session 9:15 - 11:15

Mon 21_____ Tues 22_____ Wed 23_____ Thurs 24_____ Fri 25_____

OR

Cost:

Day - \$35 member / \$40 non-member
Week - \$175 member / \$200 non-member

Family Membership Required for Discount

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Registration Information: *(Please use a separate form for each child.)*

Child's Name: _____ Birth Date: _____ Age: _____

Parent's Name: _____

Address: _____

City _____ State _____ Zip _____

Daytime Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

E-mail: _____

Allergies/Special Needs: _____

For office use only: Paid: \$ _____ Cash or Check #: _____ Date _____

*Non-refundable pre-payment by cash or check is required.
Please make checks payable to: Friends of Rye Nature Center - Thank you!*

Send to: **Friends of Rye Nature Center**
873 Boston Post Road, Rye, NY 10580