



Camp GBBG Registration Form

Please complete one form for each child.

Camper Name _____ Nickname _____
Address _____
City _____ State _____ Zip _____
Camp Sessions _____ Age _____

Parent Name _____ GBBG Member? Yes No
Address _____
City _____ State _____ Zip _____
Phone Number _____ Cell Phone Number _____
Email Address _____

Yes, my child has a food allergy or special health needs. All campers must have a completed Medical & Consent Form. Also, please contact the Education Office at 491-3691 ext. 107 to discuss and make arrangements.

Cost:

Cost of camp sessions (\$65 members, \$85 non-members) \$ _____
Yes, I would like a basic (family) membership (\$50) \$ _____
Total Enclosed \$ _____

Please make checks payable to GBBG and return with registration form to:

Attn: Class Registration
Green Bay Botanical Garden
2600 Larsen Road
Green Bay, WI 54303

Credit Card Payment
MasterCard, VISA, Discover accepted!

Name on Card _____
Card Number _____
Expiration _____ / _____
Signature _____