

Oaklands Summer Camp 2017

June 26 - 30

9:00am-noon

\$90 per child (ages 6-12)

Registration Form

General Information

Name _____ Age _____ Grade Completed _____

Address _____

City _____ State _____ Zip _____

Phone number () _____

Cell phone number () _____

Email address _____

Parent's Names _____

Emergency Information

Person to contact in case of emergency _____

Address _____

City _____ State _____ Zip _____

Phone number () _____

Cell phone number () _____

Relationship _____

Medical Information

Allergies or allergic reactions: _____

Family Physician's name and number _____

Insurance Provider _____

Insurance Number _____

Any other information we should know about _____

Please return form and payment to:

Oaklands Mansion

Attn: Mary Beth Nevills

901 North Maney Avenue

Murfreesboro, TN 37130

Fax: 615-893-0513

Email: mb@oaklandsmansion.org