

## CAMP LICHTERMAN – Winter Break Camp December 27 – 31, 2021

After completing this form, please email form and waiver to [dawn.manning@memphistn.gov](mailto:dawn.manning@memphistn.gov)  
When received, a guest services representative will call for payment. Please contact Dr. Dawn Manning at [dawn.manning@memphistn.gov](mailto:dawn.manning@memphistn.gov) with any questions/concerns.

### Child Information

_____	_____	_____	____/____/____	_____	_____
First Name	Last Name	M.I.	Birthday	Age	Gender
					<input type="checkbox"/>
_____	_____	_____		_____	
Grade –Fall 2021	School	Pink Palace Membership ID		Non-Member	
_____		_____	_____	_____	
Address		City	State	Zip Code	

### Parent/Guardian Information

_____	_____	_____	_____
Parent 1 Name	phone (1)	phone (2)	E-mail address
_____	_____	_____	_____
Parent 2 Name	phone (1)	phone (2)	E-mail address

Emergency contact name/phone number/relation to camper:

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Names of adults with permission to pick up camper:

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If your child has allergies to bees or any particular foods, please list:

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If your child has special needs Staff should be aware of, please explain:

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How did you hear about Camp Lichterman?

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For Lichterman Office Use Only:

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Cardholder's Name or Buyer's Name

Form of Payment:

Visa       Mastercard       Discover

Cash       Check # \_\_\_\_\_

Check all fees that apply:

Camp Fee (Member)      \$235 per week      \_\_\_\_\_

Camp Fee (Non-Member)      \$245 per week      \_\_\_\_\_

Before Care      \$25 per week      \_\_\_\_\_

After Care      \$50 per week      \_\_\_\_\_

Total Amount Paid      \_\_\_\_\_