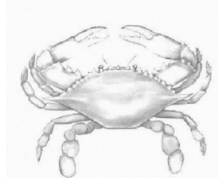
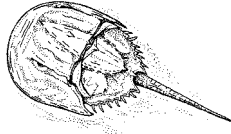


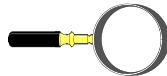
20th Year!



20th Year!

Branford Land Trust Environmental Day Camp for kids! July 23, 2015 or July 24, 2015

The Branford Land Trust is pleased to announce the 20th Annual hands-on Environmental Day Camp. Children ages 5-9 will enjoy hands-on activities, including touch tanks, woodland and Long Island Sound exploration, live bird program with A Place Called Hope, interactive sea shantie music, a program by Curious Creatures, nature crafts, and more. The day will run from approximately 9:00 a.m. to 4:00 p.m. A full day's agenda, map, and list of what to bring will be mailed upon receipt of your registration and payment of \$45.00 (additional children, same family \$35.00), or \$35 for Land Trust members. Scholarships available. **Registration deadline is Monday, July 20, 2015.** Please check our website www.branfordlandtrust.org, or for further information contact Martha Rice at 203-314-7128 or mhbrice@gmail.com.



Registration Form
Branford Land Trust Environmental Day Camp
Thursday, July 23 or Thursday, July 24, 2015
Killam's Point Conference Center

PLEASE SELECT A DATE: Thursday, July 23 _____ OR Friday, July 24, 2015 _____
If we cannot accommodate you on the day of your choice, would you like to sign up for the second date? _____

Child's Name: _____ Age: _____

Parent's (Guardian) Names: _____

Address: _____

Phone: (Work) _____ (Home) _____

Amount Enclosed: _____. Make **checks payable** to the **Branford Land Trust**.

Permission to use photos of your child for land trust newsletter and other land trust related press: Yes No (circle one)

I give my permission for _____ to attend the hands-on Environmental Day Camp at Killam's Point Conference Center on Thursday, July 23, 2015 or Friday, July 24, 2015.

EMERGENCY INFORMATION

Medical Restrictions and/or conditions: _____

Allergies: _____

Medications: _____

Doctor's Name: _____ Phone: _____

Name To Call In An Emergency: _____

(Other than Parent) Phone: _____

Parent (Guardian) Signature

In case of a medical emergency and the responsible adults listed above cannot be reached, I give my permission for _____ to receive emergency medical treatment only at the nearest medical facility.

Parent (Guardian) Signature

Make **checks payable** to the **Branford Land Trust** and send check and registration form to:
Martha Rice, 26 Killam's Point, Branford, CT., 06405