

MWHF Registration 2018

Full Name: _____

DOB: _____ Age: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact: _____

Allergies: _____

Medications: _____

Health Conditions: _____

Camping or dorm? _____

Vegetarians? _____ # Vegans? _____

Medically necessary gluten free _____

Cost for the weekend

If postmarked after August 1st, add \$25 per person

_____ \$140 per adult

_____ \$80 per child 5-11 years old

0-4 years old are Free

TOTAL Amount Enclosed: \$ _____

Make checks payable to:

Midwest Wild Harvest Festival

Mail payment with form to:

MWHF

c/o Melissa Price

N4623 Pieper Rd

Weyerhaeuser, WI 54895

As a requirement of the camp, please list each person's full name, any health conditions, medications, and allergies. It will be kept private by the event staff nurse. Attach additional pages if needed.

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