



Please mail all forms & payment to:
Entomology Field Camp
Attn: Ms. Glinda Burnett
PO Box 110620
Gainesville, FL 32611

Completion checklist: [] Information Form [] Program Contract & Release of Liability [] Contact/Medical

Entomology Field Camp General Information Form

Participant's Name: (Last) (First) (Gender) (Age)
Address: (Street) (City) (State) (Zip code)
Parent/Guardian Name: E-mail
Phone Day: Phone Evening:
Grade entering: 5, 6, 7, 8, or 9 (Please circle) School: City:

How did you find out about UF/IFAS's Summer Camp? (Check all that apply)
[] Newsletter [] Flyer [] Guidance Counselor [] Teacher [] Other



Adult T-shirt Size (check one): [] S [] M [] L [] XL



Who may pick up your child?

Name: Phone: Relationship

Name: Phone: Relationship



Campers will need to pack their own lunches on all days. We will provide bottled water, Gatorade and juices, as well as light snacks of chips, crackers, and fruit throughout the week.

Special Dietary Needs/Food Allergies:

Do you give us permission to provide a lunch for your child should they forget one, using the dietary restriction/allergy information you provided, and releasing the UF Entomology Camp from any liability resulting from allergic reactions or dietary upsets?

Signature of parent/guardian

Date