



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF STATE PARKS  
**ONONDAGA CAVE STATE PARK CAVE CONSERVATION  
 CORPS DAY CAMP 2018 REGISTRATION FORM**

**Dates: July 10-12**  
**Time: 9 a.m. - 3 p.m.**

**Fee: \$25**  
**Ages: 9-14**

**PLEASE USE SEPARATE FORM FOR EACH CHILD**

CAMPER'S NAME		<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
DATE OF BIRTH	GRADE ENTERING IN FALL	PHONE			
MAILING ADDRESS					
CITY			STATE	ZIP	
EMAIL ADDRESS					

**PLEASE USE SEPARATE FORM FOR EACH CHILD**

PARENT/GUARDIAN 1		PHONE
PARENT/GUARDIAN 2		PHONE
IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, NOTIFY	RELATIONSHIP	PHONE

**PLEASE LIST ANY SPECIFIC MEDICAL, PHYSICAL OR BEHAVIORAL CONDITIONS THAT NEED TO BE CONSIDERED**

**ADDITIONAL COMMENTS INCLUDING FRIEND REQUESTS**

**PAYMENT**

<p><b>Payment is due with registration.</b></p> <p>To pay with check, make payable to: Onondaga Friends Association,          PO Box 13, Leasburg, MO 65535</p> <p><input type="checkbox"/> Check enclosed # _____</p> <p>To pay with credit or debit card go to <b>onondagafriends.org</b></p>	<p>Program Fee Total: \$ _____</p> <p>Total from other registrations: \$ _____</p> <p><b>Total Enclosed: \$ _____</b></p>
---	---

Photographs are sometimes taken of participants in our activities for use in state park materials. Please indicate by checking the box to the right if you give permission for the child you are registering to be included in these photographs.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---	------------------------------	-----------------------------

SIGNATURE	DATE
-----------	------

**SEND FORMS AND PAYMENT TO:**

Onondaga Friends Association Cave Corps Day Conservation Camp PO Box 13 Leasburg, MO 65535-9136	<b>FOR MORE INFORMATION</b> onondagafriends.org or contact Onondaga Cave State Park at 573-522-3760 or contact Michael.Miller@dnr.mo.gov
---	--