University of California Riverside's Entomology's Little Entomologist Summer Camp Registration Form $June~17-21, 2019~\mid~8am\text{-}3pm$

Child	_				
First	Last				_
Grade in Sept. 2019	Birth date//	Age (as of	June 17, 2019)	Gender: M _	F
Street Address	State State one): XS	7' 0 1			
Town/City	State	Zip Code			
1-Shirt Size – Children	s Sizes (circle one): XS	S M L XL			
Parent/Guardian - Co	ntact Information				
Parent/Guardian #1					
First	LastState		Ms. Mrs. 1	Mr. Other	
Street Address					
Town/City	State	Zip Code	Cell Phone		
E-mail					
Parent/Guardian #2					
First	Last		Ms. Mrs. Mr. Other		
Street Address					
Town/City	State	Zip Code	Cell Phone		
E-mail		<u> </u>			
Child lives with:					
Person responsible for pa	yment:				
reson responsible for pe	.,				
Tuition Information					
	Fee is required to save you	ır child's spot.			
\$150 in addition	to the Registration Fee is d	lue by Friday. May 3	1 st		
\$200 Tota	to the Registration Fee is d I (covers collecting kit, t-sh	nirt, and additional su	ipplies)		
		,	11 /		
Please make checks pay	able to "UC Regents"				
Mail to:					
Erica Sarro					
Department of Entomole	ngv				
University of California					
Riverside, CA 92521					
Kiveisiue, CA 92321					

Next Steps

Once you've signed your child up and we receive your Registration Fee, we will email you the additional waiver, emergency contact, and photo release forms for you to fill out at your leisure. All forms and final payments must be received by Friday, May 31st.

Please mail this completed form to the address above or email it to esarr002@ucr.edu.