



2022 CAMP REGISTRATION

GENERAL INFORMATION

Parent/Guardian Name

Camper

Grade (Fall)

Address

Town

State

Zip

Phone (Day)

Email

CAMP INFORMATION

CAMP NAME

DATE

1)

2)

3)

I have enclosed full payment, in the AMOUNT

I will provide proof of vaccination for COVID-19 for my child(ren) to attend camp. *(This may be attached to the medical form in the confirmation packet that follows.)*

Parent/Guardian Signature

Date

Please make checks payable to "Hildene" and mail to:
Hildene, Education Program | C/O Diane Newton
2936 W. Windham Road, Windham, VT 05359
802-367-7965 or 802-874-4787 | www.hildene.org