



GEORGIA AQUARIUM

Camp H2O Reservation Form

Please submit this completed form with payment (credit card or cash) to Helen in the education department between the hours of 9:30AM-11:30AM and 2:00PM-3:00PM

Employee/Volunteer Camp Rate: \$150

Camp Week Requested _____

Parent Name: Phone:
Address: City: State: Zip Code:
Email:

Child Information

Child's Name:
Gender:
Date of Birth:
Rising Grade:
Camper T-Shirt Size:

Parent Information

Mother's Name:
Mother's Phone: Cell: Other:
Mother's Email:

Father's Name:
Father's Phone: Cell: Other:
Father's Email:

Additional Emergency Information

Name 1: Relationship:
Phone: Alternate Phone:
Name 2: Relationship:
Phone 2: Alternate Phone:

Medical History:
Medication:

Authorized Pick up (Please provide the first and last name and relationship of all adults you authorize to pick up your child.)

Name, Relationship: