

2026 ARCHAEOLOGY SUMMER CAMP REGISTRATION FORM

Suggested donation in support of the Friends of Sandia Mountains: \$100/camper

CAMPER NAME:

DOB:

AGE:

GRADE (2026/2027):

PARENT/GUARDIAN NAME (PRIMARY):

STREET ADDRESS:

CITY:

STATE:

ZIP:

CELL #:

EMAIL #:

PARENT/GUARDIAN NAME (ADDITIONAL) :

STREET ADDRESS:

CITY:

STATE:

ZIP:

CELL #:

EMAIL #:

EMERGENCY CONTACT:

RELATIONSHIP TO CAMPER:

CELL #:

WORK #:

Children must be signed in/out daily. List any additional persons authorized to sign child in/out of camp:

CONTACT:

RELATIONSHIP:

CELL #:

CONTACT:

RELATIONSHIP:

CELL #:

IS YOUR CHILD ALLERGIC TO ANY MEDICATIONS AND/OR FOODS: YES NO

IF YES, PLEASE LIST:

DOES YOUR CHILD REQUIRE ANY SPECIAL ACCOMODATIONS? YES NO

IF YES, PLEASE DESCRIBE: