

JUNIOR NATURALIST PROGRAM
STANTON BIRD CLUB
REGISTRATION FORM

Junior Naturalist Name

Prefers to be called _____

Grade Level _____

Address

Home Phone _____ **Cell:** _____

Email _____

Parent(s)

Name _____

Medical Information:

Emergency Contact Name _____

Phone Number _____

Doctor Name _____

Phone Number _____

Allergies? _____

Any physical or medical limitations?

Chaperones are always welcome!

I am available to be a chaperone once in a while _____ Yes _____ No

Mail to:

Stanton Bird Club

P.O. Box 3172

Lewiston, Maine 04243-3172