



2016 Environmental Education Conference Participant Information Form

Emergency Medical Information

Please provide the following information to comply with the camp's policy on Medical Emergencies:

Conference Participant Name:	Known allergies or health conditions requiring treatment, restriction or other accommodations on site:
Home Address	
Emergency Contact Name:	
Emergency Contact Number:	Conference Participant Cell Phone:

Are you interested in carpooling?

If Driver, number of passengers you can accommodate, beside yourself _____
Departing from _____
Date and Time _____

Dietary restrictions?

Please check all that apply:

- Diabetic
- Vegetarian
- Gluten-free
- Lactose intolerant
- Nut-free
- Vegan
- No Fish/Shellfish
- I will bring my own food and prepare my meals in the Wesley Meadow Lodge Kitchen.

Lodging Selection. Please read information sheet carefully.

Request for Roommate(s) optional _____

Are you planning to bring an auction/raffle prize? Yes No

Examples include item(s) representing your organization or a local/regional gift.
What do you plan to bring?

Lodging options are available on a first-come, first-served basis.

Please "Save As" your completed form and return ASAP as an attachment to: karinonkkadesign@gmail.com