

PLANT CAMP
Application Form

PLEASE PRINT

Child's NAME:

_____ Age _____

Shirt Size: child: S M L XL or adult: S M L XL 2X

(Please circle desired shirt size)

HOME ADDRESS:

CITY _____

STATE _____ ZIP _____

PARENT/GUARDIAN NAME

PHONE _____

EMAIL _____

Week of Camp: June 6 – 10

Please make your check payable to: **AGRICENTER**

Please complete the information above and mail this form with the \$35.00 fee per child to:

ATTENTION: TIM ROBERTS
Agricenter International
7777 Walnut Grove Rd , Box 9
Memphis, TN 38120

*We must receive your form no later than Friday, June 3, 2016
to reserve a place in this year's Camp.*