

**Myrick Hixon EcoPark Adventure Programs Registration**

Please use one form for each participant. Please Print. Feel Free to use additional pages if necessary.

**Participant's Name:** \_\_\_\_\_ MHEP Member Y/N \_\_\_\_\_

Age at time of program \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please list food allergies or medical conditions of which we need to be aware:*  
\_\_\_\_\_

Check here if you do not want your child's picture used in our news-letter, brochure or website.

**PROGRAM:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Make check payable to: MHEP and mail or drop off to MHEP, 789 Myrick Park Dr, La Crosse, WI 54601 Or pay by Credit Card:  Visa

Mastercard

Card# \_\_\_\_\_

Expires: \_\_\_\_\_ / \_\_\_\_\_ 3 Digit Sec Code: \_\_\_\_\_

Signature: \_\_\_\_\_



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