



Space.....the final frontier.

Yes that's right, if you're ready to explore the final frontier then

The Federation of Galaxy Explorers Moon Base One Basic Summer Camp is for you!

Capitol College, Laurel, MD

Completed Grades 3 through 5

July 30-Aug 03, 9:00am to 4:00pm Monday - Friday,

CAMP FEE: \$110.00

STUDENT NAME: _____ GRADE 2005/2006: _____ SCHOOL: _____

PARENT OR GUARDIAN NAME: _____ HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ADDITIONAL CONTACT: _____ PHONE: _____

- CAMP FEE: If paying online enter transaction No.: _____
- **\$110.00 ENCLOSED (make checks payable to Federation of Galaxy Explorers)**

E-Mail: _____ Camper (children's) Tee-Shirt Size: S, M, L, XL

STUDENT SIGNATURE

PARENT SIGNATURE

*Cancellations later than June 01, 2007 will not be refunded.

ADULTS & TEENS WE NEED YOU!

Volunteers are needed to help make this camp a success. Donate your time to help our kids explore space.
Training provided!

When can you help? MON. _____ TUE. _____ WED. _____ THUR. _____ FRI. _____

NAME: _____ HOME PHONE: _____ WORK PHONE: _____

For questions or additional information contact - (877) 761-1266; or info@foge.org

Fax form (877) 761-1266 and pay on line <http://www.foge.org>

or send this application with payment to:

Federation of Galaxy Explorers
12609 Springloch Ct., Silver Spring, MD 20904

Federation of Galaxy Explorers Camper Personal Health History

Identification: To be filled out by parent or guardian. Please print in ink.

Name _____ Date of birth _____ Age _____

Name of parent or guardian _____

Telephone _____ . Emergency No. _____

Home address _____

City _____ State _____ Zip code _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Food, medicines, insects, plants Yes ___ No ___ Explain:

List any medications to be taken at camp:

Name of personal physician _____ Telephone _____

Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature _____ Date _____

Parent or guardian