



## 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 Summer Camp is for you!

At Liberty Middle School 6801 Union Mill Rd., Clifton, VA  
for Grades 6 through 8  
July 23-27, 2007, 9:00am to 4:00pm Monday - Friday,  
**CAMP FEE: \$110.00**

Start your galactic adventure today!

#### THE FEDERATION OF GALAXY EXPLORERS SUMMER CAMP APPLICATION

STUDENT NAME: \_\_\_\_\_ GRADE 2005/2006: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT OR GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ ADDITIONAL

If paying online enter transaction No.: \_\_\_\_\_

\* CAMP FEE: **\$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](mailto: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 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