

The Wilds Senior Class Trip

Select a year and a week.

Office use only

Pd \$ _____

Due \$ _____

2019

- April 1-5
- April 15-19
- April 22-26
- April 29-May 3
- May 6-10
- May 13-17

2020

- March 30-April 3
- April 6-10
- April 20-24
- April 27-May 1
- May 4-8
- May 11-15

Indicate how many will be attending the program.

Male Students _____ Female Students _____

Male Sponsors _____ Female Sponsors _____

Note: A male and female sponsor are required to stay with the students.




Deposit Information

\$20 deposit per person

\$240 is the 2019 total cost per student/\$140 total cost per sponsor

(Deposits are refundable if cancellations are received before
October 1 of that school year.)

To register, please fax this form with credit card information or
mail this form with a check or credit card information.

Please charge \$ _____ to my   

Card Number _____ Exp. Date _____

Print name as it appears on card _____

3-digit CW Number _____ Billing Zip Code _____

Signature _____

Complete the following information.

Contact Name _____

Administrator _____

School Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

(This e-mail address will be used to send you additional information regarding this camp.)

Phone (____) _____

Please sign in agreement to the policies and procedures listed in this brochure.

Signature: _____ Date: _____

Mail to: The Wilds • PO Box 509 • Taylors, SC 29687-0009

Phone: (864) 331-3293 • Fax: (864) 331-3294

E-mail: tw.school.camps@wilds.org