

**SUGAR GROVE NATURE CENTER
SIRUP FOR SCOUTS
2010 REGISTRATION FORM**

Group Name: _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____

Email Address: _____

Session (circle the most appropriate)

- 10 a.m. to Noon – Scouts 8 years-old and younger
- 1 p.m. to 3 p.m. – Scouts 9 years-old and older

Total Number of Scouts: _____ X \$5/scout = \$ _____

Total Number of Chaperones _____ X \$2/chaperone = \$ _____

Total Fee Enclosed (\$5 X # of scouts + \$2 X # of chaperones):\$ _____

A portion of this program will be outside. Please plan for this by dressing for the weather.

Call 309.874.2174 or email register-sgnc@earthlink.net to ensure space for your group before mailing form.

Return this form and fees by February 1, 2010 to:
Sugar Grove Nature Center
4532 N 725 East Road
McLean, IL 61754