

**Jackson County Home Educators  
Outdoor School Registration Form**

Email \_\_\_\_\_ Hm phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance and/or secondary emergency contact: \_\_\_\_\_

Participant Name(s) First and Last	Check If Adult ( 19 or older)	Gender	Age (children only)

**COMMENTS:** Please use this area to indicate any dietary restrictions or special requests.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SERVICE:	COST:	PARTICIPANTS: (Multiply by number)	TOTALS
Adults & Students	<b>\$40</b>		
Child(Ages 0-6)	<b>\$30</b>		
CLASSES ONLY	<b>\$10/student</b>		
Short term (cost per overnight)	<b>\$20/night</b>		
JCHE Family subscription number	<b>\$0</b>	Fam. # _____	<b>\$0</b>
Program Administration Fee	<b>\$30</b>	Enter this amount only if you do NOT have a JCHE subscription family number.	
<i>Please make checks payable to JCHE</i>		<b>GRAND TOTAL:</b>	

**PLEASE RETURN COMPLETED FORM  
BY MAY 15, 2010 to:**

**c/o Professor Mom's  
1505 Sage Rd. Suite B  
Medford, OR 97501**