

Lilley Cornett Field Camp Information

Date _____

Please fill out a separate form for EACH PERSON IN YOUR PARTY and return to:
Karen Pratt: email [-karen.pratt@eku.edu](mailto:karen.pratt@eku.edu) or campus mail – 105 Case Annex

Name: _____ Number in Party: _____

The BEST way(s) to contact me PRIOR to field camp are (e.g. – phone numbers, email address, etc.)

1. _____ 2. _____ 3. _____

TRANSPORTATION (check one):

I/We plan to drive our own vehicle and our expected arrival and departure are as follows:
(Note date, approximate time and any other pertinent details for each)

Arrival: _____

Departure: _____

I/We would be interested in carpooling.

CAMPING GEAR:

I will bring my own camping gear

I plan to use your tent and sleeping pad

MEALS:

I'll be there for the following meals (please check all that apply)

Wednesday Dinner

Friday Breakfast

Thursday Breakfast

Friday Lunch

Thursday Lunch

Friday Dinner

Thursday Dinner

I have the following special dietary needs/requests: _____

MEDICAL ALERT:

The nearest medical center is about a 40 minute drive, therefore for your safety, if you are taking any medications or have a medical condition that we should be aware of, please indicate below.

EMERGENCY CONTACT:

Please provide the name, telephone number(s), e-mail and/or other contact information of person(s) whom should be notified in a medical emergency