

Camp Woolaroc - 2026

Dear Woolaroc Campers (and Moms and Dads and Grandparents):

Our schedule is slightly different this year, please note changes to days and times.

For those of you who have attended before, you already know that our Camp has become an annual tradition for so many regional families.

Art, Nature, Wildlife, History, Teambuilding, and so much more! Our camp directors are working diligently on the details for each day, and it will certainly be another great camp this year!

Please note: dates and times

- **DATES:** Ages 6-8 (July 13-14)
Ages 9-11 (July 16-17)
- **TIME:** 9:00am to 4:00pm
- **RESERVATIONS:** we will not take any reservations until May 14, 2026 starting at 9:00am. To reserve your camper, please call 918-336-0307, ext. 100 or 101.
- **COST:** \$100 per camper (\$80 if you are a Member of Woolaroc)

****Space is limited reserve your spot today!****

After you have made your reservation, please fill out the included forms below and mail back to us by July 6, 2026. P.O. Box 1647 – Bartlesville, OK 74005.

Be sure to wear comfortable clothing and bring sunscreen along with your lunch, both clearly marked with your name. **IMPORTANT REMINDER:** We recommend that you try to arrive at the **Front Gate by 8:40** as it will take you 10-15 minutes to get from there to the **Events Center** (for drop off and pick up), depending on the traffic and the animals!

See you at Camp!

Woolaroc Museum & Wildlife Preserve

REGISTRATION FORM

Summer 2026
July 13-14 Ages 6-8
July 16-17 Ages 9-11

Parents: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Camper: _____ DOB: _____ Age: _____

T-Shirt Size: _____

PAYMENT INFORMATION:

Friends of Woolaroc members receive a discount on tuition. Become a member today and save. Benefits include free admission to Woolaroc for 12 months, newsletters, gift shop discounts, members-only events and more. You may circle the desired membership level below and include Membership Fee with tuition.

Solo	\$100	Sponsor	\$500
Partner	\$150	Sustaining	\$1,000
Family Partner	\$200	Benefactor	\$2,500
Associate Sponsor	\$250	Patron	\$5,000

Friends of Woolaroc Member: Yes _____ No _____

Fee: \$100 per Child (\$80 per Child – Member Rate)

Amount: Tuition _____ Membership _____ TOTAL _____

Check Enclosed: Check # _____ Amount: _____

Credit Card: VISA _____ MasterCard _____ AMEX _____ Discover _____

Card Holder: _____

Card #: _____ Exp. Date: _____ SEC Code: _____

Signature: _____

Mail Registration Form to:

Camp Woolaroc
P.O. Box 1647
Bartlesville, OK 74005

AGREEMENT, RELEASE AND MEDICAL AUTHORIZATION

Student's Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Height _____ Weight _____

I, the parent, custodian or legal guardian of _____, a minor child enrolled in Camp Woolaroc, An Adventure in Learning, hereby agree that in consideration of the child's attendance and participation in the Camp, I release the Woolaroc Museum and Wildlife Preserve and The Frank Phillips Foundation, Inc. (hereinafter referred to as "Woolaroc"), its agents and employees, from any actions, causes of action, damages, claims or demands which I, the above child or my heirs, executors and administrators, or assigns may have for personal injuries known or unknown which the child may incur while participating in the Camp. Further, I agree that during the child's participation in the Camp, agents of Woolaroc may take photographs which may contain the image of the child and I hereby give to Woolaroc all rights, title and interest to such photographs and agree that such photographs may be used in the future marketing, publicity and promotion of Camp Woolaroc.

MEDICAL AUTHORIZATION

As the parent, custodian or legal guardian of _____, I hereby give my consent and authorization to Woolaroc, its agents and employees to provide emergency medical treatment for any injury or illness deemed necessary or appropriate by emergency medical technicians or any hospital or treatment facility for the care of the child. I agree to be financially responsible for the reasonable costs of any such medical assistance and/or treatment.

I further agree that our child has had sunscreen applied each morning before attending Camp Woolaroc. I also agree and allow employees, agents or volunteers to provide additional sunscreen applications as needed during the child's participation in the Camp, using our chosen sunscreen product, _____, which has his/her name clearly written on the container and is not to be shared with others but is intended only for our child's use and protection.

Signature of Parent/Guardian *Date* *Signature of Parent/Guardian* *Date*

Father's Home Phone _____ Work/Cell Phone _____
Mother's Home Phone _____ Work/Cell Phone _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Child Information

Allergies _____
Medical Problems _____
Family Physician _____ Insurance Provider _____