



Camp Invention® Registration Application Form

Where: Greenwood Elementary School

When: July 6-10, 2026

Notes:

Child Information (Required*)

First Name* Last Name* Birthdate*

Gender* Ethnicity* Shirt Size* Youth S-L or Adult S-XL

School Fall 2026* Grade Fall 2026*

Alternate Transportation Name, Relationship, Phone

Photo Release* See <https://www.invent.org/terms-and-conditions>
 Yes No

Does your child require an epinephrine injector?*

Yes No

Allergies, prescriptions, and/or special accommodations:

For any child needs that are NOT self-managed, please call 800-968-4332 a minimum of 12 weeks prior to start date; see <https://www.invent.org/terms-and-conditions>

Parent/Guardian Information

First Name* Last Name* Phone* Email*

Address* No PO boxes please City* State* Zip*

Through generous support from the School District of Greenwood, the cost to attend Camp Invention is \$20 per camper. Please submit your payment to Greenwood Elementary School when returning your completed registration form.

Contact Kelsey Hoverson for further information on registration at kehoverson@greenwood.k12.wi.us

Confirmation

Parent/Guardian Signature* Date*

By registering your child you certify that you have obtained, read and agreed to the Terms & Conditions of the program (incorporated by reference herein), which can be found at <https://www.invent.org/terms-and-conditions> or by contacting us at 800-968-4332.

