Camp Registration Form 2015

Child's shirt sizes (please circle one)

YS YM YL AS AM AL AXL

Please check the session(s) your child is registering for:

DAY CAMP

11-1 ☐ Session 1 - 6/22-7/2 (no camp on 7/3)

11-2 ☐ Session 2 - 7/6-7/17

11-3 ☐ Session 3 - 7/20-7/31

11-4 ☐ Session 4 - 8/3-8/14

TRAVELIN' TEENS

13-1 ☐ Session 1 - 6/22-6/26

13-2 ☐ Session 2 - 6/29-7/2

13-3 ☐ Session 3 - 7/6-7/10

13-4 ☐ Session 4 - 7/13-7/17

13-5 ☐ Session 5 - 7/20-7/24

13-6 ☐ Session 6 - 7/27-7/31

13-7 ☐ Session 7 - 8/3-8/7

13-8 ☐ Session 8 - 8/10-8/14

Camper's name_____

Address_____City_____Zip code_____

Home phone_____Date of Birth_____/_____/_____Male/Female

Grade completed_____School name_____

Please place with _____ (no guarantees)

Mother's name_____Work phone_____Employer_____

Email_____**Cell Phone**_____

Father's name_____Work phone_____Employer_____

Email_____**Cell Phone**_____

Guardian's name_____Work phone_____Employer_____

Emergency contact person (other than parents or guardian) Name_____

Phone_____ **Cell Phone**_____

Email_____ Relationship_____

Emergency contact person's address _____ City_____

Those adults who have permission to pick up my child from camp are:

Name Address Phone Number

1._____

2._____

3._____

4._____