

(RETURN THIS FORM)

Registration Form 2025

Camper's name: _____ Age _____ Weight _____ Height _____

St. Address _____

City, State, Zip _____

E-mail address: _____

Name of Parent(s) or Guardian(s): _____

Home Phone #: _____ Cell Phone # _____

Work Phone #: _____ Other _____

Please register me for the following session:

June 02-05 _____ July 07-10 _____ July 28-31 _____

June 16-19 _____ July 14-17 _____ Aug 04-07 _____

June 23-26 _____ July 21-24 _____ Aug 11-14 _____

I would like to bunk with? _____

Please list name and phone number of person(s) to contact in case of emergency:
(work, family, friends, etc.)

Special Diet Needs **If medically required please call and bring needed items.**

Please list any physical, medical and/or mental health conditions, problems and/or disabilities;
such as allergies, headaches, asthma, ADD/ADHD, etc. List all medications.

Checklist (return both forms with deposit)

1. Complete and sign release form _____
2. Complete and sign registration form _____
3. T-Shirt size Sm _____ Med _____ Lg _____ *(Adult sizes)*
4. Send deposit of \$100.00 _____



**(Your canceled check is your verification for that week of camp)
Please put girls name and week of camp on your checks**