

**(RETURN THIS FORM)**

**Registration Form 2024**

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 10-13 \_\_\_\_\_ July 08-11 \_\_\_\_\_ July 29-Aug 01 \_\_\_\_\_

June 17-20 \_\_\_\_\_ July 15-18 \_\_\_\_\_ Aug 05-08 \_\_\_\_\_

June 24-27 \_\_\_\_\_ July 22-25 \_\_\_\_\_

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**