

DAY CAMP REGISTRATION FORM

Registration Date:

| Camper Information | |
|--|-----------|
| First Name | Last Name |
| | |
| Age | Gender |
| | |
| Please list any allergies or medical conditions your camper has. | |
| | |

| Other Information | |
|---|--|
| How many weeks of camp? | |
| | |
| Camp Start Date | |
| | |
| T-Shirt Size | |
| | |
| How did you hear about this camp program? | |

| Parent/Guardian Information | | | |
|-----------------------------|------|--------------|----------|
| First Name | | Last Name | |
| | | | |
| | | | |
| Email Address | | Phone Number | |
| | | | |
| | | | |
| Street Address | City | State | Zip Code |
| | | | |