

## **Camp Information Form**

Camp Name				
Camp Conta	act	P	PHONE	
Please fill ou	ut 1 complete form p	per household.	All fields are requir	red.
	Parent	Information – Pl	lease fill this out	
Parent's Name:			E	
A 1.1	Last		First	
Address:	Street Address			Apt/Suite/Lot #
	City		State	Zip Code
	County			
Primary Phone:		Email Ad	dress:	
Date of Birth: _		Male	Female	
	Studen	t Information – P	lease fill this out	
Child's Name:				
Offiid 3 Name.	Last		First	
Date of Birth: _		Male	Female	
Child's Name:				
Ciliu's Name.	Last		First	
Date of Birth: _		Male	Female	
Child's Name:	Last		First	
Date of Birth:		Male $\Box$	Female	
Date of Diffil		Iviale —	гение ш	
Child's Name:	Last		First	
Date of Birth: _		Male 🗀	Female $\square$	