

2011 PRE-REGISTRATION Camper plans to attend: SR HI___ JR HI___ Prim. ___JR ___ Wilderness___

Name _____ Amount Enclosed \$ _____

Address _____ Town _____ State _____ Zip _____ Home Phone _____

M F Age _____ Birth Date _____ Grade this fall _____ Work Phone _____

Insurance Co. _____ Policy # _____

Your family medical insurance plan is primary coverage. The camp's insurance will pay costs above your medical plan coverage.

Date of last Tetanus _____ Allergies, medications or problems: _____

Church you attend _____ Camper lives with: _____

parent(s) or guardian(s) names

I give permission for pictures of my child to be used for publicity purposes. I give permission for my child to receive medical treatment in the event of an emergency.

Parents' or Guardian's signature _____ E-mail Address _____

If your camper must leave camp other than at closing time, please furnish us with written permission.

