

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