Camp Registration Form 2024

For office use only	Date:	Initials:
Registration Completed		
Household updated		
Director Approval		

Child	Child Full Name:										Grade: (Fall 2024)				Gender: D.O.B										
											Ade	lress:													
Parent/Guardian Name:							City, State, Zip:																		
Cell Phone:							Email 1:																		
Emergency Phone												ail 2:													
(Must b	e able to receive te	ext messages)							Em	alı Z:															
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