



DAY CAMP LATE NIGHT
TUESDAY, AUGUST 3, 2010
EMERGENCY CONTACT FORM

CHILD'S NAME _____

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE(____) _____

EMERGENCY PHONE(____) _____ EMERGENCY CONTACT(____) _____

WILL CAMPER BE ARRIVING LATER THAN 5:00 P.M. ON AUGUST 3rd ?

IF YES, WHEN? _____

PERSON PICKING UP CHILD _____

TYPE OF VEHICLE IN WHICH CHILD WILL BE TRANSPORTED _____

LICENSE PLATE NUMBER _____

MEDICAL

ALLERGIES _____

WHAT WOULD YOU LIKE US TO KNOW ABOUT YOUR CAMPER? _____

Parental Signature

Date

*****PLEASE BE SURE TO SIGN WAIVER ON BACK OF FORM*****