

ALL FUN & GAMES CAMP
Camper Registration Form

CAMPER NAME: _____

ADDRESS: _____

BIRTHDAY: _____

PARENT/GUARDIAN NAME: _____

TELEPHONE: (home) _____ (cell) _____ (work) _____

EMAIL: _____

EMERGENCY CONTACT(S) (in addition to the parent/guardian):

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

ATTENDANCE

Please Circle the Time(s) you wish to Attend:

Full Day Week

Half Day Week

Full Day Daily

Half Day Daily

AUTHORIZED PICK UP

To ensure the safety of your camper, please list all people authorized to pick him/her up from camp

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____