

/ Summer Camp Application

Camper
Name: _____

Week(s) Attending _____

Age: _____ Birthday: - -

Address: _____

Phone # _____

Emergency #: _____

Physician Name: _____
Phone #: _____

Allergies / Medicine: _____

Deposit: Check #: _____

Amount: _____

Balance Due: Check #: _____

Amount: _____

Parent's Signature:
