

Girls on the Go – Spring Break Camp
April 5 – 9, 2010
Registration Form

CAMPER INFORMATION:

Camper Name: _____

Camper Age: _____ **Camper Grade:** _____ **Camper ID#** _____

Camper Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

MEDICAL INFORMATION:

Month & Year of last Tetanus shot (DTP): _____

Does Camper have any special and/or medical conditions?

NO YES _____

Does Camper have any dietary restrictions?

NO YES _____

Does Camper have any allergies?

NO YES _____

Does Camper take any medication?

NO YES _____

