

CAMPER NAME: _____

PARENTS/GUARDIANS: _____

DAYTIME EMERGENCY CONTACT NUMBER: _____ *Please make sure this is a number that will be answered if we need to reach you.*

Age as of 6/19/24: _____ Date of Birth: _____ Grade in Sept. 2024: _____

T-SHIRT SIZE: *If unsure of your child's size, please order a larger size.*

- Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16) Youth X-Large (16-18)
- Adult Small Adult Medium Adult Large Adult X-Large

WEEKS ATTENDING: FULL SUMMER - (6/19 to 8/21)

- 1** (6/19-6/21) **2** (6/24-6/28) **3** (7/1-7/5) *closed 7/4* **4** (7/8-7/12) **5** (7/15-7/19)
 - 6** (7/22-7/26) **7** (7/29-8/2) **8** (8/5-8/9) **9** (8/12-8/16) **10** (8/19-8/21)
- (Weeks 9 & 10 for campers attending more than 6 weeks)*

PICK UP LIST:

ALLERGIES: _____

SPECIAL ISSUES: _____

BEHAVIOR REPORTS *(Date & Counselor Name)*:
