

CAMPER'S NAME: _____

CAMPER'S EMAIL: _____

BIRTH DATE: _____ AGE: _____

GENDER: _____

PARENT(S) NAME: _____

PARENT(S) EMAIL: _____

PARENT(S) NAME: _____

PARENT(S) EMAIL: _____

CAMPERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

PARENTS WORK PHONE: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

EMERGENCY PHONE: _____

DEPOSIT OR FULL PAYMENT: _____

PAYMENT TYPE: CHECK MASTERCARD VISA

CARD #: _____ EXPIRES: _____

SIGNATURE OF CARDHOLDER