



Sea Turtle Camp

June 15-19, 2009

Camp Registration Form

GENERAL INFORMATION :

Child's Name _____ male/female

Birthday ____/____/____ Age during camp ____ Shirt size: Youth S M L XL
Adult S M L XL

Age Group: Ages 6-9 Ages 10-12
8:30am – 12:00pm 1:00pm to 5:00pm

Special needs: (including allergies, current medications, sensitivities, etc.)

Parent/Guardian: _____ relationship to child: _____

Address: _____

City _____ State _____ Zip Code _____

Local Address: _____

Phone: _____ Cell: _____ Alt. : _____

Email: _____

Emergency contact: _____ relationship to child: _____

Phone: _____ Cell: _____ Alt. : _____

How did you hear about us? _____

