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2010 CAMPER INFORMATION SHEET



CAMPER'S NAME _____

BIRTHDATE _____

GRADE COMPLETED _____

SOCIAL SECURITY NUMBER _____

CAMPER'S EMAIL _____

In Emergency (If Parents Cannot Be Reached):

NAME _____

RELATIONSHIP (to camper) _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

CELL PHONE _____

HEALTH AND ACCIDENT INSURANCE:

INSURANCE COMPANY _____

POLICY NUMBER _____

ACCOUNT NUMBER _____

GROUP NUMBER _____

CERTIFICATE NUMBER _____

PARENT/GUARDIAN ONE'S INFORMATION:

FULL NAME _____

CELL PHONE _____

E-MAIL _____

WORK PHONE _____

PARENT/GUARDIAN TWO'S INFORMATION:

FULL NAME _____

CELL PHONE _____

E-MAIL _____

WORK PHONE _____

HOME INFORMATION:

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

IF CAMPER DOES NOT LIVE WITH BOTH PARENTS, PLEASE COMPLETE:

List mailing address for parent not living with camper: _____ Mother _____ Father

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

If a parent has remarried, please indicate:

Stepfather's Full Name _____

Stepmother's Full Name _____