Office Use Only
☐ RECEIVED T-SHIRT

CAMPER NAME:		
PARENTs/GUARDIANs:		
DAYTIME EMERGENCY CONTA	CT NUMBER:	Please make sure this is a number that will be answered if we need to reach you.
Age as of 6/18/25:	Date of Birth:	Current Grade:
T-SHIRT SIZE: <i>If unsure of your</i> ☐ Youth Small (6-8) ☐ Youth Medi ☐ Adult Small ☐ Adult Medium		(14-16)
WEEKS ATTENDING:	☐ <b>3</b> (6/30-7/3) <i>closed 7/4</i> ☐ <b>8</b> (8/4-8/8) ☐ <b>9</b> (8	☐ <b>4</b> (7/7-7/11) ☐ <b>5</b> (7/14-7/18)  8/11-8/15) ☐ <b>10</b> (8/18-8/20)  8: 10 for campers attending more than 6 weeks)
ALLERGIES:		
SPECIAL ISSUES:		
BEHAVIOR REPORTS (Date & C	ounselor Name):	
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