



WINTER DAY TRIP REGISTRATION FORM

SUNDAY, JANUARY 20TH 2019

Camper Name: _____ **Current Grade:** _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Payment Method (Cost \$40.00): Check _____ Credit Card _____

Type	Credit Card Number	Exp Date
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Allergies (Please indicate):

Medications (If your child takes medication(s), please include specific written instructions for dosages, times, etc. All medications will be kept in our Health Center.)

By signing below, I give my camper permission to attend the Winter Day Trip.

Signature of Parent or Guardian: _____