



TEEN SUMMER CAMP APPLICATION
2006 Print Version

STUDENT INFORMATION:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Age: _____ Male: _____ Female: _____
School: _____ Grade: _____

PARENT/GUARDIAN INFORMATION:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Cell Phone: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Cell Phone: _____
Doctors' Name _____ Doctors' Phone _____

Please tell us of any medical conditions we need to know of.
