

REGO FORM

Name: _____ M / F

Age: _____ D.O.B: _____

Phone: _____ Cell: _____

Address: _____

Email: _____

Emergency Contact: _____

Relationship to Camper: _____

Cell: _____

Please list and medical or dietary needs for this camper

Rego fee of \$115: Enclosed / Pay on the day (Circle)

I agree that if this child breaks camp rules they will be sent home. I understand that in the instance of any medical costs or property damage, I will be held accountable.

Signed: _____

Regos close **October 1st 2011** and can be sent to:
Champ Camp, 442 Airport Rd, RD3 Hamilton