

Rego Form – Printable Version

Please print this off and send it to:

*Champ Camp
442 Airport Rd
RD3 Hamilton 3283*

Name:

Age:

D.O.B.:

Phone:

Cell:

Address:

Emergency Contact:

Cell:

Rego Fee of \$115 enclosed or pay on the day?

Please list any medical or dietary needs for this camper:

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: