

Mooers Camp VBS

REGISTRATION FORM

(Please Print)

| CAMPER INFORMATION | | | |
|--|------|--------------------------|------------------------|
| Name: | | | |
| Street address: | | | |
| City: | | State/Province: | ZIP / Postal Code: |
| Birth date: / / | Age: | | Home phone no.: () |
| Mother: | | | |
| Father: | | | |
| or Guardian: | | | |
| Home Church: | | | |
| HEALTH NEEDS | | | |
| Allergies: | | | |
| Other Health Needs: | | | |
| IN CASE OF EMERGENCY | | | |
| Name of local friend or relative (not living at same address): | | Relationship to patient: | Home phone no.: () |
| | | | Work phone no.: () |
| Name: | | | |
| Street address: | | | |
| City: | | State/Province: | ZIP / Postal Code: |

Include a copy of current immunization records!

Registration is \$10 per child

Amount Included: \$ _____

Send Registration & immunization records to:

Diane Gillette, Treasurer

PO Box 221

Mooers, NY 12958

PLEASE MAIL REGISTRATION FROM A POST OFFICE TO ENSURE ADEQUATE POSTAGE.

*** Meals may be purchased separately at the camp office for the fees listed! ***