

Camp Whitman Base Camp Registration Form

CAMPER INFORMATION

Name _____
FIRST MIDDLE LAST NICKNAME

Address _____
STREET CITY STATE ZIP

Gender Female Male Date of Birth _____ Cell Phone _____ OK to text? Y N

Home Phone _____ School _____ Grade _____
2016-17 SCHOOL YEAR

Social Media _____
EMAIL FACEBOOK TWITTER

CUSTODIAL PARENT/GUARDIAN

Name _____
FIRST MIDDLE LAST RELATIONSHIP

Cell Phone _____ Work Phone _____ Email _____

SECOND PARENT/GUARDIAN

Name _____
FIRST MIDDLE LAST RELATIONSHIP

Address _____
 same as above STREET CITY STATE ZIP

Cell Phone _____ Work Phone _____ Email _____

EMERGENCY CONTACTS

In the event a parent/guardian cannot be reached, please provide two alternate contacts

Name and Relationship _____ Phone _____

Name and Relationship _____ Phone _____

Parent/Guardian Signature _____ Date _____