

2017 Camper information for Camp Peace Presbyterian Church of Washington

Camper's name: _____

Gender: Male Female Last First
Grade Completing: _____ (June 2017)

Camper's Birth Date: ____/____/____ Age in June: ____

Home Phone: (____) _____

Street: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Information

Mother's/Guardian's Name: _____

Daytime Phone:(____) _____ Home Work Cell phone

Alternate Phone: (____) _____ Home Work Cell phone

Email Address; _____ No Email

Father's/Guardian's Name: _____

Daytime Phone:(____) _____ Home Work Cell phone

Alternate Phone: (____) _____ Home Work Cell phone

Email Address; _____ No Email

Emergency Contact *(person other than listed above, in case we can't reach you)*

Name: _____

Relationship to camper: _____

Daytime Phone:(____) _____ Home Work Cell phone

Alternate Phone: (____) _____ Home Work Cell phone

General Information

Camper has a dietary restriction: _____

Allergies? _____

Permission to give Tylenol, Ibuprofen, Benadryl Signature: _____

Has camper attended Camp Peace before? Yes No

Camper attends a church? Yes No Name of Church: _____

City: _____ Pastor's Name: _____

My Child will need transportation assistance: To Camp Home from Camp To & From Camp

Signature of Parent or Guardian: _____ Date: _____