

Family Camp Registration Form

Parent/Guardian#1 Info: Name _____		
Parent/Guardian #2 Info: Name _____		
Address _____	City _____	State _____
Zip _____	Home Phone _____	Email _____
Child Name _____	Age _____	Grade _____
Child Name _____	Age _____	Grade _____
Child Name _____	Age _____	Grade _____
Child Name _____	Age _____	Grade _____

1. Check Family Camp Session
2. Indicate number of Adults and Children
3. Include Full payment - ****\$50 for a family of 4 – \$10 per person for each additional person over 4****
4. Download Health Form and Information Letter

Make all checks payable and send to: Camp Fire, P.O. Box 6 Phoenix, NY 13135

<u>Family Camp Session</u> (check all that apply)	<u># of Adults</u>	<u># of Children</u>	<u>Amount Enclosed</u>
<input type="checkbox"/> Summer Family Camp (Aug. 14-15)	_____	_____	_____
<input type="checkbox"/> Fall Family Camp (October 23-25)	_____	_____	_____
Total Amount Due	_____	_____	_____

I give permission for my family to participate in all camp activities as well as permission for Camp Fire USA to use photos in which myself and my children appear for Camp Fire USA publicity:

Signature _____ Date _____

****Families will be assigned cabins on a first come/first serve basis – if cabin space runs out we will call you before processing your form and cabin sharing may be available. Please indicate below whether your family will share a cabin if necessary and if there is a family you would like to share with****

Willing to share? yes no Family _____