

# Family Camp Registration Form 2017

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\*\***
4. Download Health Form and Information Letter

**Make all checks payable and send to: Camp Fire USA 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"/> Spring Family Camp (May 19-21)	_____	_____	_____
<input type="checkbox"/> Summer Family Camp (August 4-6)	_____	_____	_____
<input type="checkbox"/> Fall Family Camp (October 13-15)	_____	_____	_____
<b>Total Amount Due</b>			_____

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 \_\_\_\_\_