

Adventure Week

@ CAMP ROCKMONT

August 9 – 14, 2009

Registration

Last Name _____

First Name _____

Address _____

Age/DoB _____ / _____

Fathers Name _____

Mothers name _____

Any relevant medical information?

What you want his counselor to know about him?

Sponsoring Organization _____

Contact Name _____

Mailing Address _____

Email Address _____

Phone # _____

Emergency Name/Ph # _____
