

CAMPER'S NAME: _____ TODAY'S DATE: _____

Date of Birth: _____ Male / Female Grade in the Fall: _____

Food Allergies _____

Medicine Allergies _____

Current Medications _____

[] Check here if there is other special info we should know about camper. Use back to describe.

Camper's Home Address: _____

_____ *city* *state* *zip*

Camper's Phone Number: _____

Camper's Alternate Phone Number: _____

Camper's Email: _____

Parent / Guardian 1: _____

Address: _____

_____ *city* *state* *zip*

Phone Number: _____

Alternate Phone Number: _____

Email: _____

Parent / Guardian 2: _____

Address: _____

_____ *city* *state* *zip*

Phone Number: _____

Alternate Phone Number: _____

Email: _____

EMERGENCY CONTACT NAME: _____

Relationship To Camper: _____

Best Phone Number(s): _____

MAIL FORMS AND PAYMENT (unless paying online) TO:
Camp Niwana, 350 FM 256 N, Woodville, TX 75979