

MEN-O-LAN *CAMPER REUNION II*
REGISTRATION FORM
for youth in Grades 7-12
January 20, 2018
11:00 a.m. - 4:00 p.m.
\$20.00



Last Name: _____

First Name: _____ M/F: _____

Address: _____ Birthdate: ___/___/___ Grade ____ Age: _____

City: _____ State: _____ Zip: _____

Email: _____

Guardian #1: _____ Phone: _____

Guardian #2: _____ Phone: _____

In Case of Emergency: (if unable to reach parent)

Contact Name: _____ Phone: _____

Allergies: _____

I understand the risks of outdoor activities and camping life, and consent to following: I shall not hold the camp responsible or legally liable for losses of personal property or bodily injury; my child may participate in all activities; Camp photographs/videos in which my child appears may be used in publicity, publications, and/or promotions.

Parent Signature: _____

Parent Name (please print): _____

Please make all checks payable to Camp Men-O-Lan

Credit Card Information:

Type of Card: _____ Card Number: _____

Expiration Date: _____ 3 Digit Code: _____ Name on Card: _____

Thank you for your registration! We look forward to seeing you!