



Family Camp Registration Form 2011

Parent's Full Name _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____ Home E-mail _____

Person To Be Called If
Parents Cannot Be Reached _____ Telephone _____

Relationship of Above Person _____

Childs's Full Name _____ Sex _____ Age in July 2011 _____ Date of Birth (M/D/Y) _____

Will be sleeping in (check one) Boy's Cabin Girls Cabin Men's Cabin Women's Cabin

Food and Medical Concerns _____

Childs's Full Name _____ Sex _____ Age in July 2011 _____ Date of Birth (M/D/Y) _____

Will be sleeping in (check one) Boy's Cabin Girls Cabin Men's Cabin Women's Cabin

Food and Medical Concerns _____

Childs's Full Name _____ Sex _____ Age in July 2011 _____ Date of Birth (M/D/Y) _____

Will be sleeping in (check one) Boy's Cabin Girls Cabin Men's Cabin Women's Cabin

Food and Medical Concerns _____

Lobster Steak Night Orders (Check one)

Name _____	Lobster <input type="checkbox"/>	Steak <input type="checkbox"/>	Name _____	Lobster <input type="checkbox"/>	Steak <input type="checkbox"/>
Name _____	Lobster <input type="checkbox"/>	Steak <input type="checkbox"/>	Name _____	Lobster <input type="checkbox"/>	Steak <input type="checkbox"/>
Name _____	Lobster <input type="checkbox"/>	Steak <input type="checkbox"/>	Name _____	Lobster <input type="checkbox"/>	Steak <input type="checkbox"/>

Payment Information

Please make check payable to *The School of Swimming*

\$200.00 per person—Total Payment is due by April 15—Cancellations received by June 1st will receive full refund.

\$100 Deposit or Total payment of \$ _____ enclosed

Children under 5 are free, and children under 2 should not attend.

Parent/ Guardian Signature _____

Date _____

Note: More information on back

Winter (Dec.—May): P.O. 265, Rocky Hill, CT 06067 860 563-2804
Summer (June—Nov.) P.O. 230, East Machias, ME 04630 207 255-3116

Photo Release

Camp Eagle Wing will be publishing a camp newsletter, posting pictures on our camp bulletin board, on our camp website, and using pictures for camp brochures. Please check and sign below to indicate whether we have permission to use your families photo for these purposes.

Yes, I give permission for my families picture to be used as stated above.

No, I do not give permission for my families picture to be used as stated above.

Parent or guardian's signature

Date

Please return registration form along with deposit within a week of receipt.