

# Family Camp Registration & Health Form

Family Camp Weekend:  November 7-9

## Personal Information:

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Congregation: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Children:

\_\_\_\_\_ M / F Age: \_\_\_\_\_

\_\_\_\_\_ M / F Age: \_\_\_\_\_

\_\_\_\_\_ M / F Age: \_\_\_\_\_

\_\_\_\_\_ M / F Age: \_\_\_\_\_

\_\_\_\_\_ M / F Age: \_\_\_\_\_

### Housing Preference and Cost:

	Child	Under
	Adults (6-18)	6
<input type="checkbox"/> Charis House	\$65	\$40 Free

## Cabin Mates:

At Camp Shalom we assign at least 2 families per cabin, do you have a family you wish to share a cabin with?

Family Name: \_\_\_\_\_

## General Health Information:

Chronic or recurring illness or medical condition that may affect camp life: \_\_\_\_\_

Dietary restrictions (i.e. vegetarian, lactose intolerant, etc...): \_\_\_\_\_

I give my permission for my family to participate in all aspects of the program except as noted here:

I understand that my insurance has primary coverage and Camp Shalom's insurance is secondary.

I give my permission for any picture taken of my family to be used for promotional purposes.

\_\_\_\_\_  
Signature of Parent or Guardian or Adult

\_\_\_\_\_  
Date

Insurance Information

Holder's name: \_\_\_\_\_ Insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Amount Enclosed:

Full Payment  Partial Payment  \$75 Deposit only

**Credit Card Payment: Call Office Do Not Email Card #**

Check one:  Visa  Mastercard **Amount:** \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_