

CAMP ELMWOOD REGISTRATION APPLICATION

For campers ages 5 -13, August 6-10, 2007

Name _____ Birth Date and Year _____

Favorite school subjects _____

Favorite hobbies and sports and activities _____

Musical Instruments played _____

Special needs or activity restrictions _____

Health insurance program and number _____

Parents or Guardians _____

Address _____

City _____ Zip _____

Telephone (home) _____ (work) _____

Emergency contact (name and phone) _____

Please register the camper for

Regular session (9:00 AM to 2:30 PM, \$99.00 first camper, \$80.00 additional campers in same family)	\$ _____
Post Session (Until 5:30 PM, \$20)	\$ _____
Total	\$ _____
Deposit enclosed. (Deposit of at least \$10.00 per camper is requested).	\$ _____
I will pay balance by July 23, 2007, in the amount of	\$ _____

Except as noted above, the camper is fully able and has my permission to participate in all normal camp activities and excursions. Camp Elmwood staff have my permission to authorize emergency medical treatment for the camper. I will pay any cost of treatment not covered by my insurance

Camper may leave camp at end of session on her/his own. YES ____ NO ____

Persons not named above who are authorized to pick up camper:

Date _____ Signature _____

Make checks payable to St. John's/ Camp Elmwood and mail to
Camp Elmwood, 2727 College Ave, Berkeley, CA 94705 (Tax ID No. 94-1156850)