

# CAMP GLADE

## REGISTRATION FORM

Today's Date: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_

Payment Method \_\_\_\_\_

Camp Date(s)

\_\_\_\_\_

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### Contact Information

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Resort Room Number (resort guest): \_\_\_\_\_ Check Out Date: \_\_\_\_\_

Member Number: \_\_\_\_\_

Other person (name) allowed to pick up child in case of Emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

Other person (name) allowed to pick up child: \_\_\_\_\_

Phone: \_\_\_\_\_

**Special Needs or Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_