Youth Camp
Sleep Over Form
July 16, 2011

Child's Name: _____ _____ Age: _____
Last First

Address: _____ City: _____ Zip: _____

Parent's Name: _____

(Home): _____ (Work): _____ (Cell): _____

Parent's Name: _____

(Home): _____ (Work): _____ (Cell): _____

Emergency Contact (other than above):

Name: _____

Relationship to Child: _____

(Home): _____ (Work): _____ (Cell): _____

Medical Contact:

Name of Doctor: _____

Phone Number: _____

Hospital: _____

Phone Number: _____

Allergies: _____

Special Notes or Instructions: _____

_____

Parent Signature: _____ Date: _____

Email address for confirmation: _____