

Catholic Bible Camp  
Registration Form

<i>Name of Children</i>	<i>Age</i>

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone numbers: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Contact Information (Besides parents, Adults who can pick up child):

<i>Name</i>	<i>Relationship to Child</i>	<i>Phone Number</i>

*NOTE: SPECIAL FOOD RESTRICTIONS OR MEDICAL CONDITIONS: If your child has special dietary food requirements or medical needs, please list below.*

In case of emergency:

Name of physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency contact other than Parent:

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NameRelationship to ChildPhone Number