



# CAMP WABANNA JUNIOR/DAY CAMP RETREAT

## REGISTRATION & HEALTH FORM

March 18-19, 2016

101 Likes Road Edgewater, MD 21037

P - 410.798.0455 \* F - 410.798.1214

www.campwabanna.org

**REGISTRATIONS ARE PROCESSED ON A "FIRST COME FIRST SERVED BASIS."**

**PLEASE COMPLETE BOTH SIDES OF FORM AND ENCLOSE THE FOLLOWING TO OUR OFFICE BY MARCH 11th:**

- **Registration fee with this form – registration will not be processed without fees.**
- **Recent photo of camper.**
- **Completed Camper Health/Consent Form including Immunization/Shot record**

Camper's Legal Name \_\_\_\_\_ Female Male

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_/\_\_\_\_ Current Grade \_\_\_\_\_ School \_\_\_\_\_  
Day/Month/Year Year/Month

Is this your campers first time at Camp Wabanna? Yes / No

**Father's/Guardian's Name** \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Father's/Guardian's Email\* \_\_\_\_\_

Address (if different from camper) \_\_\_\_\_

**Mother's/Guardian's Name** \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Mother's/Guardian's Email\* \_\_\_\_\_

Address (if different from camper) \_\_\_\_\_

**\*Please Note:** All correspondence will be sent by email. Correspondence will be sent to the two parent emails that you provide. This includes confirmation packets. Please make sure you add [scovington@campwabanna.org](mailto:scovington@campwabanna.org) to your contact list and that you supply an email address that will accept emails with attachments.

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**CAMPER MAY REQUEST TO BE IN A GROUP WITH TWO FRIENDS ONLY IF THEY MEET THESE CRITERIA:**

1) They are the same gender      2) They are NO MORE than 12 months apart      3) The requested friend must also request your camper

1) \_\_\_\_\_      2) \_\_\_\_\_

Please check one of the following:

**Program Choices**

Junior Camp Retreat – ages 6-11  
*\*Friday night (7:30pm) to Saturday night (6:30pm)*

Day Camp Retreat – ages 4-5  
*\*Saturday morning (8:30am) to Saturday night (6:30pm)*

## Payment Information

Junior Retreat = \$55 per camper  
Day Camp Retreat = \$35 per camper

If paying by check, please make checks out to: Camp Wabanna

\*The snack shop will be open during the weekend. The registration fee allows your camper to choose one drink and one snack item at the time snack shop is open.

Please check payment method: Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_

Credit Card Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of cardholder \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Please review and accept below:**

**I HAVE READ ALL THE AFOREMENTIONED INFORMATION AND I AGREE TO COOPERATE AND ADHERE TO THESE GUIDELINES. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THESE THREE PAGES IS COMPLETE AND ACCURATE.**

**Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_**