



## Extreme Destination Camp 2011

South Seaville Camp Meeting

Att: Kathy Wert

3 Atherton Court

Laurel Springs N.J. 08021

[extremesscm@gmail.com](mailto:extremesscm@gmail.com)

### REGISTRATION FORM

Weekend of September 23-25<sup>th</sup> 2011

AGE GROUP: 5<sup>th</sup>-8<sup>th</sup> Grade

Campers Name: \_\_\_\_\_

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

\_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

State: \_\_\_\_\_ Zip code \_\_\_\_\_

Emergency Contact (if parent/guardian not available)

Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Deposit 20.00 due upon registration remaining Tuition of \$ 75.00 due upon sign in**