



2008 Camper Registration Form

Mail registration, health form, and check to:
Parkminster Summer's Best Two Weeks
2710 Chili Avenue
Rochester, NY 14624

REGISTER EARLY!

(Make checks out to Parkminster SB2W – Returning spots will be held one week after registration is mailed)

Camper's Name: _____ Nickname (if used): _____

Home Phone: () - _____ Home Address: _____

Male or Female (circle one) (state/zip code) _____

Grade (**September 2008**): _____ Present Age: _____ Date of Birth: _____

Height: _____ Weight: _____ T-Shirt Size: _____

of previous years at Day camp (not munchkins): _____ Roman or Galatian (circle one)

Parent or Guardians' Name(s): _____

Is camper living with both parents? Yes or No (circle one) If not, with whom? _____

Name of church you currently attend: _____

Briefly describe what you hope your child will get out of camp:

Emergency Contacts (please provide at least three names)

Primary Parent/ Guardian's Name: _____ Relationship to camper: _____

Phone Number: () - _____ Alternate number: () - _____

Second Parent or Guardian's Name: _____ Relationship to camper: _____

Phone Number: () - _____ Alternate number: () - _____

Third Name: _____ Relationship to camper: _____

Phone Number: () - _____ Alternate number: () - _____

May we contact this third person during the overnight if necessary? Yes or No (circle one)

Volunteer Opportunity (check one if interested)

____ Our family would like to host a travel team counselor, and we would prefer a

(please circle one: male female either)

____ I am interested in being one of the Camp Nurses.