

\$125.00/Day

Payment in Advance



Phone (847) 729-4884

Guest Camper Registration Form

Camper's First Name _____

Camper's Last Name _____

Birthday _____

Health Information

Should we be aware of any medical conditions, illnesses, or physical limitations?
(If "Yes", please Describe)

Yes No

Fees

Dates Attending

_____	_____	_____	_____
Day 1	Day 2	Day 3	Day 4

Emergency Contacts

Please list, in order of importance, all persons (including parents) to be contacted in case of emergency.
Emergency contacts are also approved pick ups.

Primary Contact _____	Secondary Contact _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____



By signing this form, I authorize all payments shown above. I also acknowledge that I agree to our Waiver & Consent form available at www.GoodTimesDayCamp.com or our camp office.

Signature _____

Date _____