

# REGISTRATION CHECKLIST

*For Office Use*

Camper Name \_\_\_\_\_  
Last
First
Middle

Registration Information	Date Rec'd/Sent	Complete?	Comments
Camper Health form		<input type="checkbox"/> Y <input type="checkbox"/> N	
Camper Photo		<input type="checkbox"/> Y <input type="checkbox"/> N	
Parent's Authorization form		<input type="checkbox"/> Y <input type="checkbox"/> N	
Medical History/Physical Exam		<input type="checkbox"/> Y <input type="checkbox"/> N	
Campership Application		<input type="checkbox"/> Y <input type="checkbox"/> N	
Camper Approved for Camp on		<input type="checkbox"/> Y <input type="checkbox"/> N	
Notification Packet		<input type="checkbox"/> Y <input type="checkbox"/> N	
Medication for Camp		<input type="checkbox"/> Y <input type="checkbox"/> N	
Registration Fee		<input type="checkbox"/> Y <input type="checkbox"/> N	
Camp Fee (partial)		<input type="checkbox"/> Y <input type="checkbox"/> N	
Camp Fee (balance)		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Special Requests/Concerns:</b>			
Special Cabin Assignment Request		<input type="checkbox"/> Y <input type="checkbox"/> N	
Behavior Consult/Review Required		<input type="checkbox"/> Y <input type="checkbox"/> N	
Severe Allergies		<input type="checkbox"/> Y <input type="checkbox"/> N	
Birthday at Camp		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	

General Comments \_\_\_\_\_