

Fort Hope Summer Day Camp Registration

PO Box 132, Arroyo Grande, CA 93421 ~ 805-473-9462

Desired camp date: _____

Name of Participant: Last First M.I	Circle One: Male Female
Address:	Date of Birth:
City/State/Zip:	Home Phone:
Parent/Guardian's Name:	Mobile Phone:
Camp Contact Person: (Who we contact during the camp in case of injury or sickness)	Contact Phone:
Alergies and Other Important Medical Information we should know about your children:	Email:

Camp fee: \$275 per child

Add an additional \$50 per chld for transportation to and from Fort Hope if needing transportation.

Checks can be made out to **Fort Hope, Inc.** **Mail to:** PO Box 132, Arroyo Grande, CA 93421

Signatures of **Both** Parents/Guardians

Date: