

KURS CAMPER 2017 APPLICATION FORM

NAME: _____ AGE _____ GENDER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CAMPER'S EMAIL ADDRESS _____

PARENT/GUARDIAN _____

HOME PHONE _____ WORK PHONE _____

NAME OF CONTACT PERSON IN CASE OF EMERGENCY

1. NAME _____ NUMBER _____

2. NAME _____ NUMBER _____

ARE YOU A MEMBER OF THE POLISH NATIONAL CATHOLIC CHURCH? _____

PARISH NAME _____

PASTOR _____ PHONE _____

DOES YOUR CHILD HAVE ANY SPECIAL INSTRUCTIONS FOR THEIR CARE?

IS YOUR CHILD UNDER THE CARE OF A PHYSICIAN? _____

IF YES EXPLAIN _____

DOES YOUR CHILD HAVE ANY SPECIAL DIETARY NEEDS? _____

-This section must be filled out to accommodate your child's dietary needs-

Vegetarian _____ Diabetic _____ other, explain _____

ROOMMATE REQUESTS: EVERY ATTEMPT WILL BE MADE TO ACCOMMODATE YOUR REQUEST. PLEASE UNDERSTAND THAT WE TRY TO MAKE THE BEST DECISION FOR ALL CAMPERS.

FIRST CHOICE: _____ SECOND CHOICE: _____

