

Camp Lakota 2022 Rookie Day Sign up Form

July 30, 2022

Please Fax to 845-402-7440 or email back to info@camplakota.com

Camper First name:	Last Name:	Gender:	
Date of Birth:	Current School Grade:	T-Shirt Size:	
Home Address:			
Home/Cell Phone:			
Mother's Name:	Mother's Emai	il address:	
Father's Name:	Father's Email	Father's Email Address:	
In case of an emergency and	parents can't be contacted Name:	#	
Allergies/Medical issues/Diet	ary Restrictions:		
Health Insurance provider:			
Siblings in Camp:			
Will you be attending the Tou	ur at 230pm? Y N If Yes, How m	nany:	
Will you be attending our BB	Q Dinner (515pm) on Rookie day: Y	If Yes how many:	
	outside medical or surgical aid for the	any other personal items lost or damaged. If camper's health, the camp will not be	

Date:

Parent Signature: