

REGISTRATION FORM CAMP E.D.G.E.

Child's Name

Address

Current grade in May '09 Age

Home Phone Cell Phone

E-mail

Emergency Contact Name & Number

***Method of \$25 Payment – make checks
payable to FCC – memo: Camp EDGE***

Check Cash

Parent/ Guardian Name -

Parent/ Guardian Signature

Any Food allergies?

Other helpful information for leaders?

Persons allowed to pick up your child?

1.

2.

