

**GSS 2010 COOKS' CAMP
REGISTRATION FORM**

COOK'S NAME _____ AGE _____

PLEASE " X " THE WEEK(S) YOUR CHILD WILL BE ATTENDING:

_____ JUNE 7-11, 2010
_____ JUNE 14-18, 2010

HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____

CHILD'S PRESENT GRADE IN SCHOOL (SPRING '10) _____

MOTHER'S NAME _____ EMPLOYED BY _____
WK PHONE _____

FATHER'S NAME _____ EMPLOYED BY _____
WK PHONE _____

E-MAIL ADDRESS _____

PLEASE LIST WHOM TO CONTACT IN CASE OF AN EMERGENCY:
(LIST IN ORDER OF PREFERENCE)

1. NAME _____
PHONE NUMBER _____
2. NAME _____
PHONE NUMBER _____
3. NAME _____
PHONE NUMBER _____

FAMILY PHYSICIAN _____
PHONE NUMBER _____

PLEASE DISCUSS ALLERGIES, MEDICAL PROBLEMS, AND/OR PHYSICAL
LIMITATIONS OF YOUR CHILD:

PLEASE SHARE ANY ADDITIONAL INFORMATION THAT YOU FEEL WE SHOULD
KNOW:
