

Please circle one:

Camp Form

or

School Form

Today's Date _____ / _____ / 2014
(MM) (DD)

CHILD'S NAME & D.O.B: _____ / _____ / _____
(mm) (dd) (yy)

DOCTOR IN PRACTICE: _____

WOULD YOU LIKE TO PICK UP THIS FORM?
(PLEASE CIRCLE ONE): YES NO

IF YES PLEASE PROVIDE TWO PRIMARY PHONE NUMBERS AND YOU WILL
RECEIVE A CALL WHEN THE FORM HAS BEEN COMPLETED:

_____ & _____

IF WE ARE MAILING THIS FORM TO AN ADDRESS OTHER THAN YOUR
HOME, PLEASE BE ADVISED THAT IF THE INSTITUTION TO WHICH WE ARE
MAILING THE FORM IS MISPLACED, YOU WILL BE CHARGED AGAIN FOR A
DUPLICATE. WE STRONGLY SUGGEST THAT WE MAIL IT TO YOUR HOME
ADDRESS TO ENSURE RECEIPT.

HOME ADDRESS:

\$5.00 FEE TO BE PAID WITH FORM

Form dropped off by: _____