

# REGISTRATION FORM 2010



\_\_\_\_\_ **First Session** (June 23th to July 17th)

**For new campers only, ages 7-10:**

\_\_\_\_\_ **Second Session** (July 18th to August 10th)

\_\_\_\_\_ **Cubs' Camp I** (July 18th to July 31st)

\_\_\_\_\_ **Full Season** (June 23th to August 10th)

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age when camp opens: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name & Address of Attending School: \_\_\_\_\_

Home Address: Street \_\_\_\_\_ City/Town \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Camper's Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Business Address: Organization \_\_\_\_\_ Title: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Business Address: Organization \_\_\_\_\_ Title: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

Summer Address if different: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

If separated, who has primary custody? \_\_\_\_\_

Preferred address for correspondence while son is at camp: \_\_\_\_\_ Home \_\_\_\_\_ Summer \_\_\_\_\_

Please provide some insightful information about your son prior to his arrival. (Please attach separate sheet if necessary).



**Summer:** PO Box 148, Waterford, Maine 04088 • Telephone: (207) 583-4478

**Winter:** 30 Bellevue Ave., So. Portland, Maine 04106 • Telephone: (207) 741-2930

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