

Group Application Form (To be completed by parent/guardian)
(Please complete and return to the Group Leader along with 90-day deposit.)



REGISTRATION INFORMATION (This block is to be completed by the Group Leader) **Please Print**

Group Name: Cashmere High School Group Leader: Tom Wilkinson
Group Account #: 300000353 Date attending: 1/4/12 - Camp 28

SUBMIT THIS FORM and ALL PAYMENTS TO YOUR GROUP LEADER

Keep a copy of your completed application for your records

APPLICATION INFORMATION (Please Print)

First name _____ Last Name _____
Gender _____ Date of Birth _____ Grade at time of camp _____ Age at time of camp _____
Address _____
City _____
State _____ Zip _____
Parent's/Guardian's _____
Home Phone _____ Cell Phone _____
Work Phone _____ ext. _____
*E-mail Address _____
****MUST BE PARENT'S EMAIL – HEALTH FORMS WILL BE SENT TO THIS ADDRESS FOR PARENTS TO FILL OUT ELECTRONICALLY!!**
Teammate Preference _____

Photo/Video/Film Release

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