

Registration for Senior Leisure Camp September 30 – October 4, 2018

Name(s) _____

Address _____

Phone Number (House) _____ (Cell) _____

Email _____

Congregation _____

Priesthood Office _____

Please check one of the following:

I need a room in the Activity Center; (I cannot go downstairs.)

I will be staying in the RV park.

I will attend the camp, but stay nights off the campgrounds.

Please send your registration to:

Bob Sheppard
11875 Oakland Ave.
Mt. Morris, MI 48458

EMERGENCY CARD INFORMATION

Name _____

Date of Birth _____

Name of Doctor: _____

Phone Number _____

Emergency Contact Person(s)

1. _____
(Name & Phone number)

2. _____
(Name & Phone number)

Health Problems of Concern:

List of Medications:

ALLERGIES

