

Holy Family Summer Camp Information Form 2018

Last Name

First Name

Middle Name

My age by July 25th, 2018 will be _____.



Please check all that applies to you:

_____ **I have already attended Holy Family Summer Camp:**

_____ **one summer**

_____ **two summers**

_____ **three or more summers**

_____ **This will be my first time attending Holy Family Summer Camp!**

_____ **I will be 15 years of age by July 25th, 2018, have already attended Holy Family Summer Camp and wish to apply to be a C.I.T. camp counselor this summer.**

_____ **Please send me a Holy Family Summer Camp registration packet by mail.**

_____ **I will be downloading a registration packet online on your website www.sistersofcharity.com**

_____ **My T-shirt Size is: _____ (Please give *adult* size order---petite, small, med, large, or extra-large).**

*** If there is more than one girl in your household who is eligible and would like to attend our camp, please make copies and send one check-off list for each girl. Thank you.**

Today's Date _____

Girl's Name _____ **D.O.B.** _____

Parents' Names _____

Address(es) _____

City _____ **State** _____ **Zip Code** _____

Home Phone # _____

Emails _____

Cell Phone #s _____