



Group Registration Log

Girls _____

Boys _____

CAMP WEEK: _____

Junior / Jr. High / High School

Name	Address	City, State, Zip	Phone	Birthdate mm/dd/yyyy	Grade	Med. Form	T-Shirt Size							
							Youth			Adult				
							S	M	L	S	M	L	XL	2XL
1														
2														
3														
4														
5														
6														
7														
Counselor														

1														
2														
3														
4														
5														
6														
7														
Counselor														

CONTACT PERSON: _____

CABIN _____

GROUP NAME _____