



Group Registration Log

Girls _____

Boys _____

CAMP WEEKEND: _____

Junior / Jr. High / High School

Name	Address	City, State, Zip	Phone	Birthdate mm/dd/yyyy	Grade	Med. Form
1						
2						
3						
4						
5						
6						
7						
Counselor						

1						
2						
3						
4						
5						
6						
7						
Counselor						

CONTACT PERSON: _____

CABIN: _____

GROUP NAME: _____