Enchanted Hills Camp Application 2012

Family Camp (check one): ☐ **Session 1: June 21 - 24**
☐ **Session 2: July 12 - July 15**

Main Contact

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ E-mail: _____

Phone - Cell: _____ Home: _____

Ethnicity (optional): _____
(Important for assistance with grant and funding applications)

Emergency Contact: _____

Relationship: _____

Phone - Cell: _____ Home: _____

Second Emergency Contact: _____

Relationship: _____

Phone - Cell: _____ Home: _____

Family Member First & Last Name	D.O.B. (day/ month/ year)	Gender (M/F)	Visually Impaired (Y/N)