

# CAMP AWESOME SAUCE

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle: Male or Female      Grade Level as of May 1, 2024: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

County: \_\_\_\_\_

## PRIMARY CONTACT INFORMATION

Full Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

## CAMPER INFORMATION

Do you have any special dietary needs? If so, please specify.

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Do you require any special accommodations? If so, please specify.

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Is your child taking any medications that he/she will bring with them? If so, please list them.

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