

Seminole Trails Camp: Overnight Team Campers

Camper's First Name:

Camper's Last Name:

Contact Email:

Gender:

Date of Birth:

Address:

City:

State:

Zip Code:

Home Phone:

School:

HS Graduation Year

T-Shirt Size:

Team Name or Team Members (Team must be 5+ people with coach provided transportation while at camp)

Suitemate Preference:

***Please bring a photocopy of your insurance card (front and back) with you to check-in.**

Insurance Carrier:

Policy Number:

Employer/Agency:

Family Physician:

Family Physician Phone:

Emergency Contact Information

Mother's Name:

Mother's Phone #:

Father's Name:

Father's Phone #:

Emergency Contact Name:

Emergency Contact: Day Phone:

Emergency Contact: Evening Phone:

Any health concerns or allergies

Additional Comments: