

## Camp Lambec Family Camp Registration Form

Mail to "CAPNWP", P.O. Box 279, Zelenople, PA 16063 or register on-line at [www.camplambec.net](http://www.camplambec.net)

Family Camp A, B, or C: \_\_\_\_\_

Dates of Program: \_\_\_\_\_

### Camper Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Adult: \_\_\_\_\_ Age of Child \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Adult: \_\_\_\_\_ Age of Child \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Adult: \_\_\_\_\_ Age of Child \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Adult: \_\_\_\_\_ Age of Child \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Adult: \_\_\_\_\_ Age of Child \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Adult: \_\_\_\_\_ Age of Child \_\_\_\_\_

### Contact Information

Address of Primary Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Emergency CONTACT: \_\_\_\_\_

Hone Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Cabin Placement Request** (No guarantee can be made regarding cabin placement, but every effort will be made to honor requests when possible.)

Cabin Preference (1): \_\_\_\_\_ (2) \_\_\_\_\_

With the following family: \_\_\_\_\_

Please list any special dietary needs or concerns: \_\_\_\_\_

**\*A non-refundable deposit of \$80 is due with the registration. Full payment is due one week before the start of camp. Checks can be made out to "CAPNWP".**

### Office Use Only

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Check # \_\_\_\_\_

Supplemental Information Received:  Medical Information Forms  Medical Release  Copy of Insurance Card  
 Photo/Video Release  Offsite Activity Form (if applicable)