

Reg# _____

Camp Riverbend 116 Hillcrest Road, Warren Township, NJ 07059-5328

FAX 908-647-2435

TEEN

Camper's First Name: _____ Camper's Last Name: _____

Address and Town: _____

Home Phone: _____ Camper Cell Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Email _____ Father's Email _____

Emergency Name & Phone: _____

Entering _____ grade in the fall of 2011 School: _____

Male Female Birthdate: _____ T-Shirt Size: YS YM YL AS AM AL AXL

Transportation options: door to door bus transportation extended day care at camp

My child would like to be in the same camper group with these friends:

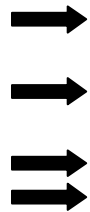
Please provide any information or special recommendations about your child that we need to be aware of: _____

Does your child have any food allergies? If so, please list: _____

Mandatory Security Password for your child: _____

Turn over!

More on the back of this card!



For Office Use Only:

Deposit Tuition Trans Group Weeks Reg. Date

