

Under One Sky Camps

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CAMPER REGISTRATION FORM

Please complete a form for each camper along with the Health History & Examination Form and the Consent & Release Form. Thank you!

Camper's Name: LAST _____

FIRST _____ MIDDLE _____

NICKNAME _____

Camper's Age (as of Feb 3, 2006): _____ **Date of Birth:** _____

Gender: _____ **Social Security Number:** _____

Camper's Address (If the youth is in DSS custody, we are looking for the placement provider's address here.)

STREET _____

CITY/TOWN _____ STATE _____ ZIP _____

COUNTY _____

PLACEMENT PROVIDER'S NAME (If youth is in DSS custody) _____

PROVIDER'S PHONE NUMBERS (H) _____ (W) _____

DSS' Address (If youth is in DSS custody)

STREET _____

CITY/TOWN _____ STATE _____ ZIP _____

COUNTY _____

Legal Guardian (DSS Social Worker or Adoptive Parent/Guardian – Please Specify)

Name(s): _____

Day Phone: _____ Eve Phone: _____

Email: _____