

Registration Form
Utah Deaf Women's Camp
July 7 – 10, 2010

Last Name: _____ First & Middle Name: _____

Address: _____
(Street Address, City, State, and Zip Code)

Email Address: _____

Home Phone: _____ Work Phone: _____

Camp T-shirt: _____M _____L _____XL _____XXL _____XXXL
*This year the shirts will be collar polo shirts (like in 2008). They are in ladies sizes (smaller than regular t-shirts) so be careful on your size.

Total \$ Enclosed: _____ (Make check payable to Dorene Turner)

MEDICAL / EMERGENCY INFORMATION

In case of emergency, please provide the following:

Primary Care Physician Name & Phone Number: _____

Name & Phone Number of Person(s) to Contact: _____

Please list any current medical conditions that Committee should be aware of in case of an emergency and also any current medications. (ie. sugar diabetes, heart conditions, injuries, etc.)

CAMPER AGREEMENT

I agree to comply with Utah Elks Camp Wapiti's rules and including no smoking, no alcohol, no pets, no illegal drugs, and no firearms. I also understand that I am personally responsible for any claims, demands and liabilities of any kind associated with any use of facilities, injuries, accidents or illnesses.

Camper's Signature _____ **Date:** _____