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Registration Form

Summer Camp 2012

Name: _____ Date of Birth: _____

Address _____ Home #: _____

_____ Cell: _____

Work: _____

Emergency: _____ Phone: _____

Contact

Food Allergies: _____

Other Allergies _____

I give permission for CCST administer: Band-aids _____

Antibacterial ointments: _____

other: _____

