Rotary District 5160 camp venture

STUDENT INFORMATION FORM 2019

PLEASE PRINT LEGIBLY….ALL LINES!!!

Name: _____ M ____ F _____

Address: _____
Street

_____
City State Zip

Telephone: _____

E-Mail: _____

High School: _____

Sponsoring Rotary Club: _____

Rotary Club Chairperson: _____

Emergency Information

Parent or Guardian: _____

Address: _____
Street

_____
City State Zip

BEST Telephone: _____

Allergies or **special dietary** requirements:_____

T-shirt size_____

PLEASE RETURN TO CAMP VENTURE REGISTRAR BY APRIL 19TH, 2019