

CAMP CAYUGA

A Private Coed Residential Camp
In the Pocono Mountains, Honesdale, PA

FOR OFFICE USE:

RECD	_____
CONFM	_____
ENTRYD	_____
LIST	_____

WINTER REUNION REGISTRATION FORM

Sunday, January 10, 2010

Please complete this form in its entirety. Mail or fax to Camp Cayuga Business Office, PO Box 151, Peapack, New Jersey 07977. Fax:(908) 470-1228.

PLEASE ACCEPT MY REGISTRATION FORM FOR THE CAYUGA WINTER REUNION.

#1 CAMPER'S NAME (print):_____ . CABIN #:_____ .

#2 CAMPER'S NAME (print):_____ . CABIN #:_____ .

#3 CAMPER'S NAME (print):_____ . CABIN #:_____ .

PARENT'S NAME (print):_____ .

PARENT'S CELL PHONE NUMBER (print):_____ .

PARENT'S EMAIL ADDRESS (print):_____ .

DRIVER'S NAME (if Driver is not the Parent):_____ .

DRIVER'S CELL PHONE NUMBER (if Driver is not the Parent):_____ .

DRIVER'S RELATIONSHIP TO CAMPER (print):_____ .

WILL DRIVER REMAIN AT SPACE ODYSSEY DURING THE REUNION? No, Yes.

WILL DRIVER BE BRINGING THE CAMPER'S SIBLING TO THE REUNION? No, Yes.

I AM THE CAMPER'S PARENT. I GIVE MY CHILD PERMISSION TO ATTEND THE CAMP CAYUGA WINTER REUNION.

PARENT SIGNATURE:_____ .