



2024 CAMP CRUSADER REGISTRATION FORM



DEMOGRAPHICS:

Camper's Name: _____ Gender: F/M Age: _____

Grade Entering for 2024/2025 School Year: _____

School for 2024/2025 School Year: _____

Medications, allergies, and/or special needs:

Emergency Contact #1:

Name: _____ Relationship: _____

Phone Number: _____

Emergency Contact #2:

Name: _____ Relationship: _____

Phone Number: _____

Emergency Contact #3:

Name: _____ Relationship: _____

Phone Number: _____

Primary E-mail (for Camp Crusader emailing list): _____

CAMP RESERVATIONS: Please check all weeks your camper would like to attend.

May 28 - May 31 _____ June 3 - June 7 _____ June 10 - June 14 _____

June 17 - June 21 _____ June 24 - June 28 _____ July 1 - July 5 _____

July 8 - July 12 _____ July 15 - July 19 _____ (Closed July 4)

How many weeks will your child attend after care? _____

Students registered at SLKF for the next school year have priority placement

CAMPER T-SHIRT SIZE: Each camper will receive a t-shirt on their first day.

(Youth) XS S M L Extra Shirts (\$10) _____
(Adult) S M L XL