

# Lucky Dog CAMP

## CIT REGISTRATION FORM

CIT \_\_\_\_\_  
age \_\_\_\_\_ Birth date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Current school \_\_\_\_\_ grade fall 2012 \_\_\_\_\_  
Parents \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate # \_\_\_\_\_  
email \_\_\_\_\_  
Friends at camp for group placement \_\_\_\_\_  
\_\_\_\_\_  
How did you here about camp \_\_\_\_\_

- SESSION ONE     June 26<sup>th</sup>-June 6<sup>th</sup>  
 SESSION TWO     July 16<sup>th</sup>- July 25<sup>th</sup>

**Along with this registration form please submit the following:**

- \* Health Record
- \* Release and Waiver
- \* Include copy of immunization records (ok to fax 609-737-31160)
- \* Payment in full

Cost \$250 per session.

**Mail to: Lucky Dog Camp 24 Elm Ridge Rd Pennington, NJ 08534**

