

**American Red Cross Colonial Crossroads Chapter**  
**SUMMER YOUTH CAMP 2010**  
**Registration Form**

***Please mail completed form and payment to: Summit Chapter House 695 Springfield Ave. Summit, NJ 07901***

**Participant Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contact Information**

Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list any allergies or medical concerns below:

\_\_\_\_\_  
\_\_\_\_\_

**Availability and Interest**

**Please circle the camp dates for which you would like to register:**

**JULY:    7       8       9       14      15      16**

In a few sentences, please describe why you would like to participate in the Red Cross Youth Camp and any qualifications or previous experience you may have had related to this type of volunteer work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Camp Payment and Consent**

**A FEE OF \$25.00 PER CAMPER IS REQUIRED TO REGISTER FOR THE SUMMER CAMP**

**Please check selected payment form:    \_\_\_\_\_ CASH            \_\_\_\_\_ CHECK\***

*\*Make checks payable to: Colonial Crossroads Chapter. Please write "Summer Youth Camp" in the memo.*

**Parent or guardian consent for a minor to participate in the 2010 American Red Cross Summer Youth Camp:**

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*