

HARRY & ROSE SAMSON FAMILY JCC  
Albert and Ann Deshur  
JCC RAINBOW DAY CAMP

2019 Camp for Children's Hospital of Wisconsin

**Camper #1** Name \_\_\_\_\_ Sex \_\_\_\_\_

DOB \_\_\_\_\_ Grade fall '19 \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

**Camper #2** Name \_\_\_\_\_ Sex \_\_\_\_\_

DOB \_\_\_\_\_ Grade fall '19 \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

**Camper #3** Name \_\_\_\_\_ Sex \_\_\_\_\_

DOB \_\_\_\_\_ Grade fall '19 \_\_\_\_\_

Allergies/Special Needs \_\_\_\_\_

**Date of Attendance: Friday, August 16th**

**\*\*\*This form must be presented on day of camp.**

**Parent 1** Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Parent 2** Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**OTHER Contact (not parent)** \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_



