

Historic Bethlehem MUSEUMS & SITES

Me & My Dollhouse Camp Registration Form

Camper Name _____ Nickname _____

Home Address _____

School _____ Grade in August _____

Camper Birthdate _____ Camper Age on 8.15.2020 _____

Known Allergies/Dietary Restrictions

Camper Medical Conditions

Camper Medications and Instructions

Gender: Male Female

Is the camper up to date on their vaccinations? Yes No

Which camp are you attending? July 6-10 July 27-31 August 10-14

Emergency Contact #1

Parent/Guardian Name _____ Relationship to Camper _____

Parent/Guardian Email _____ Parent/Guardian Phone _____

Emergency Contact #2

Parent/Guardian Name _____ Relationship to Camper _____

Parent/Guardian Email _____ Parent/Guardian Phone _____

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Printed name _____

Address _____

City _____ State _____ ZIP _____ Email _____

Signature (or of parent or guardian if under age 18) _____

Date _____