

LCSO SUMMER CAMP REGISTRATION – CARVER MIDDLE SCHOOL – 2019

CAMPER LAST NAME _____ CAMPER FIRST NAME _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

PARENT/GUARDIAN NAME _____

E-MAIL ADDRESS TO BE USED FOR FOLLOW-UP INFORMATION AND ADDITIONAL REGISTRATION FORMS
