

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Camper's T-Shirt Size: Child ( S M L ) Adult ( S M L XL )

Camp(s) signing up for (please include AM/PM session when necessary):

Parent/Guardian Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Emergency contact (if you are not available):

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

Name(s) of those authorized to sign IN camper: \_\_\_\_\_

Name(s) of those authorized to sign OUT camper: \_\_\_\_\_

Medical Considerations (allergies, physical or behavior limitations, etc.):

How did you learn about HHS spring camp programs?:

Insurance Carrier and policy number:

Campers Doctor and phone number:

Total Amount Enclosed: \_\_\_\_\_

Check enclosed\_\_ Visa \_\_ Mastercard \_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my fee for the camp will only be refunded if I cancel a full two weeks before the start of camp less a \$10 processing fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Harbor Humane Society, Attn: Sarah Shea 14345 Bagley St, West Olive, MI 49460

Fax to: 616.399.0374 Attn: Sarah Shea

Email to: [programs@harborhumane.org](mailto:programs@harborhumane.org)

**For more information, please contact**

**Sarah Shea at 616.399.2119 or**

**[programs@harborhumane.org](mailto:programs@harborhumane.org)**