

American Legacy Complex
7193 County Road 40
Omaha, Nebraska 68122
402-468-4588

2012 CAMP REGISTRATION FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION AND MAIL WITH YOUR DEPOSIT TO THE ABOVE ADDRESS.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL # _____

AGE _____ BIRTHDATE _____

PARENT/GUARDIAN _____

EMERGENCY CONTACT _____

EMERGENCY PHONE # _____

PHYSICIAN _____

ANY RESTRICTIONS _____

ANY MEDS THAT WILL NEED TO BE TAKEN DURING CAMP _____

Please check camp choice:

____ June 4 - 8

____ June 25 - 29 (all day)

____ June 11-15

____ June 25 - 29 (half day)

____ June 18-22

____ July 23-27

Please check t-shirt size

child ___sm ___med ___large ___XL adult ___sm ___med ___large ___xl

Please check if working for badge or patch for scouts ___yes ___no