

CAMP DESTINATION

FOR THE DEAF AND HARD OF HEARING

AT CAMP O' FAIR WINDS

3235 McKEEN LAKE ROAD, COLUMBIAVILLE, MI 48421

August 10-15, 2008

REGISTRATION FORM

CAMPER INFORMATION

Camper's Full Name: _____ Nickname: _____

Address: _____

City, State/Province, ZIP: _____

Phone: () _____ Camper's Email Address: _____

Gender (Circle One:) M F Date of Birth (mm/dd/yy): ____/____/____

School: _____ Grade as of September 2007: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Name: _____

Address (if different from camper's address): _____

City, State/Province, ZIP: _____

Home Phone: () _____ Cell Phone/Pager: () _____

Work Phone: () _____ Extension: _____

Fax Number: () _____ Email: _____

Occupation: _____

Parent/Guardian 2

Name: _____

Address (if different from camper's address): _____

City, State/Province, ZIP: _____

Home Phone: () _____ Cell Phone/Pager: () _____

Work Phone: () _____ Extension: _____

Fax Number: () _____ Email: _____

Occupation: _____

