

**RUMC CAMP
@ LABOR DAY
REGISTRATION**



Household Name _____

Contact Phone _____

Family Physician _____

Physician Phone _____

Family Medical Insurance? yes no

Complete this section if you are ONLY eating meals at camp:

| MEALS ONLY | <12 year old meals | >12 year old meals | In order to more accurately prepare for meals, we're asking that those who are coming to camp just for meals fill out a registration form. |
|--|--------------------|--------------------|--|
| List Meal(s) to Plan For on Back <small>(Sunday Lunch or Monday Breakfast, for example)</small> | | | |
| Total Meals ONLY: | | | |

Complete this section for lodging AND meals at camp:

| Camper Name | Age Group | | | | | Important Allergies, Health Concerns, & Medications |
|---|------------------|--------|--------|--------|--------|--|
| | < 3 | 3-6 | 7-12 | 13-17 | > 17 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Meals + Lodging HOUSEHOLD TOTALS | FREE | @ \$12 | @ \$25 | @ \$35 | @ \$45 | PAYMENTS |
| | \$0 | | | | | |
| Meals ONLY Total | | | | | | |
| Total Amount Due | | | | | | |

Lodging Preference - see reverse side for last year's camp map - circle your choice ☺

You could also stay in the Bishop's Cabin aka Palmer Guest Cabin (prior notification and additional fee required)

Please mark the nights you will be spending at camp:

Friday Saturday Sunday

Indicate the number in your household that we should plan on for each meal:

| Saturday | | | Sunday | | | Monday |
|-----------------|-------|--------|---------------|-------|--------|---------------|
| Breakfast | Lunch | Dinner | Breakfast | Lunch | Dinner | Breakfast |
| | | | | | | |

Special Dietary Needs: _____

Restroom

Dean/Nurse
Orem

Restroom

Kestrel
Gulbranson

Bristle Cone

Hieb
Souza

Lupine

Pittman

Goshawk

Race/Montoya

Camas

Bruns B&T
Bell

Ponderosa

Herbst
Marroquin

Pika

Paulson

Sego Lily

Eilers J&N
Weaver

Aspen

Eilers E&S

Wapiti

French

Trout

Hatfield

LODGE