

CAMP CONSTITUTION (PHOTOCOPY AS NEEDED)

NON-STAFFER ADULT SIGN-UP*

RINDGE, NEW HAMPSHIRE JULY 2 – JULY 9, 2017

Please Print:

Name _____

Birth Date: (Month, Date, Year) _____ M ____ F ____

Street Address _____

City _____ State & Zip _____

Phone # _____ Fax # _____

E-mail _____

Work # _____ Home _____

***If accompanied by another *adult non-staffer*, please add:**

Second Name _____

Birth Date: (Month, Date, Year) _____ M ____ F ____

Street Address _____

City _____ State & Zip _____

Phone # _____ Fax # _____

E-mail _____

Work# _____ Home/Cell# _____

Emergency Contact Name _____

Phone(s) _____

Send Sign-up & Release forms (w/ 360 USD each adult) to:

Mr. Charles H. Everett
(Administrator, Camp Constitution)
5945 Quail Hollow Rd. Unit D
Charlotte, NC 28210