



Camp Siloam Registration Form

Camper's Name _____

Street Address _____

City, State, Zip _____

Phone Number _____

Date of Birth _____ Grade going into 4 5 6 7

Gender M F Did you go to Siloam last summer? Y N

T Shirt Size YS YM YL S M L XL 2XL 3XL

Emergency Contact Information

Name _____ Relationship to camper _____

Phone 1 _____ Phone 2 _____

Email _____

Street Address _____

City, State, Zip _____

Medical Information or Allergies? _____

Have you been hospitalized in the last year? Y N

Primary Physician _____ Phone _____

If this camper has insurance, please list the insurance information found on his or her insurance card. Please include a company name, the guarantor, the policy number, group number etc., or attach a copy of an insurance card to this form. _____

_____ \$75 Deposit (Due with registration)

_____ \$75 Final Payment (July 1)