

2016 BEE HEALTHY, BEE GREEN CAMP REGISTRATION FORM
Studio Bee Community Youth Center

PRINT: _____ PLEASE CIRCLE
Participant Name _____ Female Male
Age _____ Camper's Date of Birth _____ BHBG Jr. BHBG
Parent or Guardian Name _____
Address of Participant _____ City _____
Home Phone _____ Cell Phone _____ Work Phone _____
*Email _____
(*Reminders and updates will be sent to your email address.)

Emergency Contact Name _____
Emergency Contact Phone _____
Medication or Food Allergies _____

Will your child need to take any medications during our camp hours? Yes No
If YES, please list the medications, any needed instructions, and time to administer _____

T-shirt; please circle size: Youth: YS YM YL Adult: AS AM AL AXL A2XL

Has your child previously attended a Studio Bee camp? Yes No If yes, 1 2 3 4 5 6 7 years?

Are you willing to volunteer at BEE Healthy, BEE Green Camp? Yes No

\$25.00 paid: _____ Cash _____ Check

Please make checks payable to: Studio Bee Community Youth Center