

## White Dog Farm Camp Registration

Camper's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Work Number \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Number \_\_\_\_\_ Relationship \_\_\_\_\_

Age \_\_\_\_ Grade \_\_\_\_

Allergies \_\_\_\_\_

Medications and dosage \_\_\_\_\_

Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Enclosed deposit of: \$50.00

Week(s) preferred \_\_\_\_\_

Please make checks payable to White Dog Farm. Checks and Release Form may be mailed to  
:

Anna Hyde 685 Old Alpharetta Road Alpharetta, GA 30005

**Please read and sign Release Form.**