

# 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