

EMERGENCY HOME CONTACT

PLAST Camp • Sayre Hill Road • East Chatham, NY

Camper's Name _____

D.O.B. _____

Home Address _____

Height _____

Weight _____

Home Phone _____

Eye Color _____

Parents' Names _____

Hair Color _____

Parent's address during child's stay at camp other than home: _____

<input type="checkbox"/> Novachka	<input type="checkbox"/> Novak
<input type="checkbox"/> Yunachka	<input type="checkbox"/> Yunak
<input type="checkbox"/> U2	<input type="checkbox"/> Bulava

Telephone

Mother's

Father's

Home		
Cell		
Work		
Occupation		
Email address		
Other		

***ATTACH
THIS SIZE
PHOTOGRAPH OF
CAMPER HERE.***

In case of emergency, parents will be called first, if they are unable to be contacted, list in order of priority other persons to be called:

1. Name _____	Relationship to camper _____
Day Phone _____	Evening Phone _____ Cell Phone _____
2. Name _____	Relationship to camper _____
Day Phone _____	Evening Phone _____ Cell Phone _____
3. Name _____	Relationship to camper _____
Day Phone _____	Evening Phone _____ Cell Phone _____

If the above, or any other information should change, parents will immediately notify the camp in writing.