

Echo Day Camp Registration Form

Mail Completed Form & \$200
Deposit (per camper) to:
Echo Day Camp
P.O. Box 6157
Lindenhurst, IL 60046



Please Print

Camper Name:		
Camper's Date of Birth:		Sex (Circle): M or F
Camper's Shirt Size (Circle): YS YM YL AS AM AL AXL		
Camper Name:		
Camper's Date of Birth:		Sex (Circle): M or F
Camper's Shirt Size (Circle): YS YM YL AS AM AL AXL		
Parent/Guardian Name(s):		
Street Address:		
City:	State:	Zip code:
Home Phone:		
Work Phone:		
Cell Phone:		
Additional Cell Phone:		
E-Mail address:		
Emergency Contact Name:		
Relationship:		
Phone Numbers: Home:		Cell:
Doctor Info:		Phone: