



INITIAL REGISTRATION FORM 2016

Camper Name:

Age at camp:

Please list all family members who will attend camp and their ages:

Mailing Address:

Home Phone:

Mobile:

E-mail address:

Please indicate which camp you are interested in:

Have you included your deposit of \$250? Yes No

Please return all forms & deposits to:

Kris' Camp
1132 Green Hill Trace
Tallahassee, FL 32317
kberger62@gmail.com.

Please let us know if you have any questions. Kathy can be reached at 850-445-4821 or kberger62@gmail.com. Thank you!