

YOUR  
LOGO

GeoPrime

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# Camp Signup Form

Please fill out this form completely to register for [Your Company Name].

## Personal Information

Name \*

First Name

Last Name

Date of Birth \*

Date

Age \*

Address \*

Street Address

City

State

Postal/Zip Code

Country

Phone Number \*



Phone Number

Email \*

Please provide your email address.

Email Address

Camp Information

Camp Session \*

☐

Summer Camp

☐

Winter Camp

☐

Weekend Retreat

☐

Family Camp

☐

Specialty Camp (e.g., Arts, Sports)



Add option

Add "Other" option

Preferred Camp Date \*

Date

Medical Information

Emergency Contact Name \*

First Name

Last Name

Relationship \*

Emergency Contact Number \*



Phone Number


Allergies or Medical Conditions

Special Dietary Needs

Interests and Activities

Which activities are you interested in participating in? \*

Select all that apply.

- ☐ Hiking 
- ☐ Swimming 
- ☐ Arts and Crafts 
- ☐ Team Sports 
- ☐ Campfire Stories 

Add option

Add "Other" option

Additional Information

Provide any additional comments, notes, etc.

Signature



Name: \_\_\_\_\_

Date: \_\_\_\_\_