



Shadows History Camp
Monday, June 18 through Friday, June 22, 2018
From 9:00am to 3:00pm each day

Please return this form & a check made out to the Shadows for \$125.00.
317 E. Main Street, New Iberia, LA 70560

	Name of Camper _____ Age _____
	Telephone (H) _____ T-Shirt Size _____
	Adult to contact _____
	Relationship to child _____
	Work or cell telephone number _____
	Email address _____
	Physician _____
	Physicians office telephone _____

Does the camper have any allergies or medical conditions about which the Shadow staff should be aware? If yes, please note here.

Is there any transportation arrangement of which the Shadows staff should be aware (traveling with other campers or grandparents)? If yes, please include that information here.

Campers are usually divided in four groups by age for activities. However, your child's birth date may mean your child should be placed with another age group with his or her friends. Please make a note below if the camper should be assigned to a different group other than his or her age. Example: The camper is age nine, but his friend who is also attending the camp has turned age ten or "please place John with James Smith."

The local newspaper will be sent a press release and may photograph the children's activities at the camp. Would you please sign below, indicating your permission for the children to be photographed and to possibly appear in promotional material for Shadows History Camp?
