



## CAMP CHILLER CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Skate Size: \_\_\_\_\_ Week Attending: \_\_\_\_\_  
Skating Level: \_\_\_\_\_

## EMERGENCY CONTACT NUMBERS

Contact #1: Name \_\_\_\_\_ Number: \_\_\_\_\_  
Contact #2: Name \_\_\_\_\_ Number: \_\_\_\_\_

**WHO WILL BE PICKING UP YOUR CAMPER?**  
(List anyone who might pick up your camper during the week)

\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL CAMPER INFO

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Anything else we should know about Camper:

\_\_\_\_\_  
\_\_\_\_\_