

CAMP CHILLER CAMPER INFORMATION

Camper #1	Name:		Age:
	Skating Level:		
	Allergies:		
	Health Concerns:		
Camper #2	Name:		Age:
	Skating Level:		
	Allergies:		
	Health Concerns:		
Emergency Contact Numbers			
Contact #1	·	_ Number:	
Contact #2	·	_ Number:	
	Who Will Be Picking Up (Camper(s):	
Name:		_Relationship:	
Name:		_Relationship:	
Name:		_ Relationship:	