



Send to: PO BOX 70, Tyrone NY 14887

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

Did you already send in or submit your camper's registration?

Yes.

No.

Parent or Gaurdian Phone Number: (    ) \_\_\_\_\_

Family Doctor Phone Number: (    ) \_\_\_\_\_

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Date of Vericella (Chicken Pox) Immunization: \_\_\_\_\_

Date of DPT Immunization: \_\_\_\_\_

Date of Hepatitis B Immunization: \_\_\_\_\_

Date of Polio Immunization: \_\_\_\_\_

Date of MMR Immunization: \_\_\_\_\_

Date of HIB Immunization: \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_\_

