

Week: 1. ___ 2. ___ 3. ___ 4. ___ 5. ___ 6. ___

Name: _____

Age: _____

Camp Sacajawea
Sparta Parks & Recreation
Day Camp

**Attach
Facial
Photo
Here**

Color Only
Please.
Photo copies
can be made
at Rec Office
if needed.

Emergency Contacts:

Mom's Name: _____

Address: _____

Phone Number: _____

Dad's Name: _____

Address: _____

Phone Number: _____

Other: _____

Relationship to Child: _____

Phone Number: _____

Two camper identification cards must be completed. They are kept in different places for added safety.

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