



2010 FAMILY CAMP REGISTRATION

Please **PRINT** all information and mail to: **Camp Baker, 7600 Beach Road, Chesterfield, Virginia 23838**

Name of Applicant →	<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Initial:</u>
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Applicant's Address →			
City/State/Zip →		County →	
Home Telephone →	()		

Email address →	
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Names and ages of individuals attending:

Name: _____	Age: _____	Disability: Yes or No
Name: _____	Age: _____	Disability: Yes or No
Name: _____	Age: _____	Disability: Yes or No
Name: _____	Age: _____	Disability: Yes or No
Name: _____	Age: _____	Disability: Yes or No
Name: _____	Age: _____	Disability: Yes or No

Special dietary needs:

Emergency Contact (other than you)	Name:	Phone:
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<p>If interested in other Camp Baker services, please indicate below:</p> <p>Day Support - Yes or No</p> <p>After School – Yes or No</p> <p>Respite – Yes or No</p> <p>Summer Camp – Yes or No</p>
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Registration cost:

Individual - \$20.00

Family of Four - \$35.00 (If family is larger, please call)

Please make checks or money order payable to: Camp Baker Services

If additional information is needed please contact Dr. Shirley O'Brien at 804-665-1299 or email at Shirley.O'brien@richmondarc.org.

Signature →	Date →	
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