

# FAMILY CAMP 2017

Please complete and return to the School Office with \$50 Deposit enclosed and your Details.

FAMILY NAME \_\_\_\_\_ PHONE NO: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_

CHILDREN	NAME	AGE	CLASS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALLERGIES \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Date Deposit Paid (Office use only) \_\_\_\_\_