

INSURANCE FORM

MUST BE FILLED OUT AND RETURNED WITH FINAL PAYMENT OR TURNED IN UPON ARRIVAL AT CAMP

1) My Name: _____
SSN or Certificate #: _____ Home Ph.#: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Insurance Co.: _____ ID#: _____
Insurance Co. Address: _____
City: _____ State: _____ Zip: _____
I am covered by this policy? Yes: _____ No: _____

2) Father's Name: _____
SSN or Certificate #: _____ Home Ph.#: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Father's Employer's Name: _____
Employer's Ph#: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____
HMO: _____ PPO: _____ Private: _____
Insurance Co.: _____ ID#: _____
Insurance Co. Address: _____
City: _____ State: _____ Zip: _____
I am covered by this policy? Yes: _____ No: _____

3) Mother's Name: _____
SSN or Certificate #: _____ Home Ph.#: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Father's Employer's Name: _____
Employer's Ph#: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____
HMO: _____ PPO: _____ Private: _____
Insurance Co.: _____ ID#: _____
Insurance Co. Address: _____
City: _____ State: _____ Zip: _____
I am covered by this policy? Yes: _____ No: _____

4) I hereby certify that the foregoing answers I have designated to the stated questions are true, complete, and correct to the best of my knowledge:
Signature of Camper if 18: _____ Date: _____
Responsible Party: Father _____ Mother _____ Guardian _____
Signature of responsible party: _____ Date: _____