



Camper Application

Camper Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: () _____ County _____

E-mail Address: _____

Birth Date: _____ Age: _____ School Grade: _____

Primary Care Physician: _____ Office Phone Number: _____

Insurance Carrier: _____ **Please include a copy of the front and back of your insurance card with this application.**

Policy Number: _____ ID Number: _____

Camper Shirt Size: (in Adult sizes) Small Medium Large XL XXL

Family Information

Guardian(s) Attending Camp: _____

Relationship to Camper: _____

Work Phone: () _____ Cell Phone: () _____

How did you hear about camp? _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Send application to: Camp Energy
171 Oxford Dr
Lewisburg, PA 17837

*Be sure to include this form, a copy of your insurance card, a check, and medical form. If you want to reserve your space before your physical, please alert us of your interest at campenergy@gmail.com

Please include a check made out to 'Camp Victory' for \$50.00. **If you need financial assistance please contact us.** This fee covers both weekends of camp: May 14-16 & Oct 2, 2010. Send your application to reserve your space as soon as possible. Camp Energy Contact Info: Phone: 570-214-9796; Email: campenergy@gmail.com