

Camper Name(s): _____

Camp Au Sable

Secondary Contact (In the event of an emergency, the primary contact will be contacted. If the primary contact cannot be reached, the person indicated below will be contacted.)

Name: _____

Day Phone: (____) ____ - _____ Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relation to Camper: _____

Authorized Pick-Up List (Only those listed on your account are authorized to pick up your camper) If you would like to add someone, please list them below.

Name: _____

Day Phone: (____) ____ - _____ Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relation to Camper: _____

2. Name: _____

Day Phone: (____) ____ - _____ Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____ Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Relation to Camper: _____