

Mail completed form to: ACCOIN P.O. Box 8031 Spokane, WA 99203 or Email completed form to: Camp@accoinlandnw.org
Office: 509-443-4162 Marigold (Marilyn) 509-993-0782

Family Day Camp Registration

Famil	ly Name:							
	Address:							
	Phone:							
	Email Address:							
Patie	nt Name:							
	Diagnosis:							
	Diagnosis Date:							
	Age:							
	T-Shirt Size: YSYM	YL	_YXL	S	_ M	L	XL	
	Allergies (Y / N):							
	Any Mobility Issues? (Y / N):							
	Any Mobility Issues? (Y/N):							
	Any concerns we should know about? (Y / N):							
	7 try defice the we effect the	ov ab	out. (1	, . .)				
Parer	nts:				T-Shirt Size			
					T Chirt Ciza			
Siblir	ngs:		Ag	e	T-Shirt Size			
			Ag	e	T-Shirt Size			
			Ag	e	T-\$	Shirt S	ize	
			Ag	e	T-\$		ize	
	Use reverse side for	or additi	onal siblings	if needea	1			