

White Dog Farm Camp Registration

Camper's Name _____

Parent's Name _____

Address _____

Phone Number _____

Work Number _____

E-mail _____

Emergency Number _____ Relationship _____

Age ____ Grade _____

Allergies _____

Medications and dosage _____

Physician _____ Phone# _____

Enclosed deposit of: \$50.00

Week(s) preferred _____

Please make checks payable to Anna Hyde. Checks and Release Form may be mailed to :

Anna Hyde 685 Old Alpharetta Road Alpharetta, GA 30005

Please read and sign Release Form.