



NIA VIRTUAL CAMP APPLICATION FORM 2020

Please select Camp Week (s): Week 1 (June 8-12) Week 2 (June 15-19)
Week 3 (June 22-26) Week 4 (June 29-July 3) Week 5 (July 6-10)
Week 6 (July 13-17) Week 7 (July 20-24) Week 8 (July 27-31)

Child's Name: First _____ Middle _____ Last _____

Male Female

E-mail _____

Primary Phone # _____ Secondary Phone # _____

Child's Birth date ___/___/___ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Parent/Guardian

First _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

Parent/Guardian #2

First _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone # _____ Secondary Phone # _____

Camper Lives with _____ Person Responsible for

Billing _____

Emergency Contact Information

Emergency Contact #1

First Name _____ Last Name _____

Phone _____ Relationship to Camper _____

Emergency Contact #2

First Name _____ Last Name _____

Phone _____ Relationship to Camper _____