

ZAC Youth Camp Registration Form

15th Annual Zarathushti Youth Camp: July 16th – 19th, 2009

Note: Check-in time Thursday, July 16th at 7 p.m.

Fee: **\$100 per person**

(Make checks payable to ZAC and mail to 8615 Meadowbrook Drive, Burr Ridge, IL 60527)

Youth Name(s) and Age(s): _____

Home Phone and E-mail: _____

Emergency Contact Name, Cell Phone Numbers, and E-mail address:

Allergies and/ or Medications: _____

Additional Comments: _____

Items To Bring: Sleeping bag, towel, swimsuit, sunscreen, medications, clothes, & personal items.

We hereby give permission to the Zoroastrian Association of Metropolitan Chicago, the participating physician(s) and hospital(s) to provide emergency medical care on an appropriate basis.

Print Name of Parent(s): _____

Signature of Parent(s): _____ Date: _____