

CAMP OJIBWA CHECK LIST

TUITION PAID _____

AREAS OF SPECIAL INTEREST _____

Please read and save

EAGLE RIVER HOSPITAL FORM

(both sides) _____

Signature of parent & camper for emergency treatment

COPY OF INSURANCE & PRESCRIPTION CARDS

MANDATORY (both sides) _____

PARTICIPATION CONSENT FORM _____

Signed by parent

CAMPER QUESTIONNAIRE _____

Travel plans to and from camp

VISITING WEEKEND HOTEL RESERVATIONS

MADE (if attending) _____

PACKING LIST _____

Clothes and other items

CAMP CLOTHES ORDER FORM _____

Add 6.0% tax when calculating total

CAMPER HEALTH FORM - MANDATORY _____

First three pages completed YEARLY and signed by parent.

Immunization information required

Page four (MD Physical) to be filled out by the doctor once every 24 months.

MAIL FORMS before 5/30 to:

1549 ARBOR ST., HIGHLAND PARK, IL 60035

ph. 847-831-5374, fax 847-831-2445

after 5/30 to:

CAMP OJIBWA, 4040 OJIBWA DR., EAGLE RIVER, WI 54521

ph. 715-479-8611, fax 715-479-1858

IT IS STRONGLY RECOMMENDED

THAT THE FORMS BE SENT ASAP!

COPIES OF ALL FORMS CAN BE FOUND AT WWW.CAMPOJIBWA.COM