



Camp Name: _____

Date: _____

Camper Name: _____

Sex: _____ **Age:** _____ **Birthdate:** _____ **Shirt Size:** _____

Email: _____

Phone #: _____

Parent Name: _____

Address: _____

**** Note: Please make all checks payable to “Camp One LLC” and mail to
PO Box 23071
Lexington, KY 40523**