



**Camp Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Camper Name:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* Note: Please make all checks payable to: "CampOneLLC" and mail to  
300 East Main St, Suite 360  
Lexington, Ky 40507**