



# CAMP WIGHTMAN REGISTRATION

207 Coal Pit Hill Road ♦ Griswold, CT 06351

860-376-2179

[campwightman@outlook.com](mailto:campwightman@outlook.com)

[www.campwightman.org](http://www.campwightman.org)

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age while at camp \_\_\_\_\_  
Allergies \_\_\_\_\_  
Dietary Restrictions \_\_\_\_\_

**NAME of CAMP(S)**

1. \_\_\_\_\_ Dates \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ Dates \_\_\_\_\_ \$ \_\_\_\_\_  
Sub Total \$ \_\_\_\_\_

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age while at camp \_\_\_\_\_  
Allergies \_\_\_\_\_  
Dietary Restrictions \_\_\_\_\_

**NAME of CAMP(S)**

1. \_\_\_\_\_ Dates \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ Dates \_\_\_\_\_ \$ \_\_\_\_\_  
Sub Total \$ \_\_\_\_\_

(Please use second page for additional campers)

**PARENT/GUARDIAN**

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Total \$ \_\_\_\_\_  
-- Deposit (\$50 Per Program) \$ \_\_\_\_\_  
Amount Enclosed \$ \_\_\_\_\_

**Preferred Payment Method:**

Check payable to: Camp Wightman (See address above)  
 Credit Card \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_\_ Code \_\_\_\_\_  
Name on Card \_\_\_\_\_

I hereby register the person named above for Camp Wightman and grant permission for him/her to participate in all activities. I understand that a completed health form is required. In case of emergency, I grant permission to the camp to arrange transportation for my child, and to the physician selected by the camp to secure and administer treatment, including hospitalization. I grant permission for photographs, videos, and audio recordings to be used for promotional purposes, including use on the internet websites.\*

**ADDITIONAL CAMPERS:**

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age while at camp \_\_\_\_\_  
Allergies \_\_\_\_\_  
Dietary Restrictions \_\_\_\_\_

**NAME of CAMP(S)**

1. \_\_\_\_\_ Dates \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ Dates \_\_\_\_\_ \$ \_\_\_\_\_  
Sub Total \$ \_\_\_\_\_

Camper Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age while at camp \_\_\_\_\_  
Allergies \_\_\_\_\_  
Dietary Restrictions \_\_\_\_\_

**NAME of CAMP(S)**

1. \_\_\_\_\_ Dates \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ Dates \_\_\_\_\_ \$ \_\_\_\_\_  
Sub Total \$ \_\_\_\_\_