## Auburn University Youth Program/Camp General Information Form

## **GENERAL INFORMATION**

Camp Name / Location / Dates					
Name of Student					
Date of Birth Grade in Fall 2		2012 T-Shi	rt SizeGend	ler: M F	
Parent/Legal Guardian Name					
Street Address					
City		State	Zip		
Home Phone		Work Phone			
Cell Phone		Email			
Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation	
Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation	
TRANSPORTATION					
I will arrive in Auburn on (date/ti Method of Transportation					
I will be traveling from (city) Accompanied by					
I will depart Auburn on (date/time Method of Transportation	e)		_		
I will be traveling to (city) Accompanied by					
Please indicate whether you plan (Note: If 'Yes,' keys must be left			YES NO be required.)		
Participant Name		Parent/Guardian Name			
Participant Signature		Parent/Guardian Signature			
Date		_ Date			

## <u>A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19</u>