



## Trowbridge's Ltd Camp/Workshop Clinic Registration Form

Name: \_\_\_\_\_

Camp or workshop date attending: \_\_\_\_\_

Please Circle:            Day Camp                      Overnight Camp

Age: \_\_\_\_\_

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers (Cell and Home):

Cell: \_\_\_\_\_ Home \_\_\_\_\_

Trainer(s)/Instructor(s):

\_\_\_\_\_

Specific Goals if any:

\_\_\_\_\_  
\_\_\_\_\_

Any medical issues, allergies, dietary needs, learning disabilities we need to be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Please List Emergency Contacts and Phone Numbers:

\_\_\_\_\_  
\_\_\_\_\_