

Child's name			
AgeBirthdate			
Address			
Email address			
Please ♥ the sessions y		ase make check out	to:
Joya Matza and mail to 3215 Green Hill Drive Chapel Hill, NC 27514			
Slumber Garden (extend		•	
note if you are interested	. ,	. ,	r r u
DON'T FORGETNo	ote your camp dates	on your calendar!	Important:
Each camp session	June 4 - 6	July 2 - 4	Full payment due for
is from 9am - 1pm			
\$140.00	June 18 - 20	-	
	June 25 - 27		
		,	~ Thank you ~
EMERGENCY INFORMATION			
Parent's name		_	
Business phone			
Parent's name		Home phone	
Business phone		Cell phone	
	EMERGENCY CONTACTS		TEMPORARY
	OF YOUR CHILD IF YOU C		
	Home Phone Cell phone		
	Home phone		
Relationship	Cell phone		
			is unable to reach me, I hereby
this physician, Joya Matza m			ns. If it is impossible to contact
I assume all financial respons	sibility and waive all claims a		rsery/Joya Matza for any
injuries sustained by the abo	ve-named child.		
Signature of ParentDate			<u> </u>
Physician's nameOffice phone			e phone
Address	wofow? LINC	DUVE	
Which hospital do you prefer? UNC DUKE Dentist's name Office phone Does this child have any physical disabilities or anything else I should know about them? Please			
Does this child have any p	hysical disabilities or anvi	thing else I should kno	w about them? Please
explain (on back of form).			