

CAMP GALIL 2011
PARENT EMERGENCY INFORMATION & TRAVEL INFORMATION

(Please write clearly)

1. Name of camper: _____
2. Grade camper will finish in June 2011: _____ Home Phone # _____
3. Custodial parent(s): Parent 1 _____ Parent 2 _____
4. Name(s) of non-custodial parent(s) if applicable: _____
5. Parent 1 work #: _____ Parent 1 cell #: _____
6. Parent 2 work # _____ Parent 2 cell #: _____
7. Emergency Contacts: (DO NOT LIST NAME(S) OF CUSTODIAL PARENT(S).
(We will always call them first). *Please list first and last names of all people.*

	1 st Emergency Contact	2 nd Emergency Contact
Name(s)	_____	_____
Relationship to Camper	_____	_____
Home Phone #	_____	_____
Work Phone #	_____	_____
Cell Phone #	_____	_____

8. Weekend phone numbers - (shore, mountains, etc.) Please list name and relationship of house owner, if you are guests.
9. Please attach an itinerary with any parent(s) travel information planned for during the camp season. Please list phone numbers where parent(s) can be reached while away.
10. Non-emergency preferred family email address:

If you travel during the summer, even if it is for a day or two, please call Bart Davis, our Associate Director at 610-847-8330 or e-mail him at bartatgalil@gmail.com with travel dates and phone numbers where you can be reached.

I would like to have the Associate Director contact me before camp begins to clarify the above information.