

2017 Camp Registration Form

Email Address: _____

First and Last name of Parent/Guardian:

First and Last name of Child:

Phone: _____

Street Address: _____

Address line 2: _____

City: _____

State: _____

Zip Code: _____

Student Info: What are some of the reasons for your interest in our summer program?

Are there any medical conditions that require our attention? We will provide lunch for our students so please list any food allergies.

*Please send completed forms to support@chicagomaritime.org, thank you!