



GREAT FUTURES START **HERE.**

2572 Route 302
Lisbon, NH 03585
603.838.5954
BGCNorthCountry.org

OFFICE USE ONLY	Staff Initials: _____
Date: _____	Amount Paid: \$ _____
(Circle one) Cash or Check # _____	

CAMP FEE:
\$120 Membership fee per week
Includes field trip admission/transportation fee

Member's General Information:

First Name: _____ Last Name: _____ School: _____
 Birthdate: ___/___/___ Gender: Female Male Age: _____ Ethnicity: _____ Home Phone: _____
 Home Address: _____ Town: _____ State: _____ Zip: _____ Grade in 2013/2014 : _____
 Number of Members in Household: _____ Does this Member Qualify for Free/Reduced Lunch (*circle one*): Yes No

Legally Responsible Parent(s)/Guardian(s) Information:

Primary Contact:

Name: _____ Cell Phone: _____
 Home Phone: _____ Work Phone: _____ EX: _____
 Home Address: _____ Town: _____ State: _____ Zip: _____ Apt #: _____
 Place of Employment: _____ Email: _____
 Relationship to child (*circle one*): Mother Father Stepmother Stepfather Grandmother
 Grandfather Other _____

Secondary Contact:

Name: _____ Cell Phone: _____
 Home Phone: _____ Work Phone: _____ EX: _____
 Home Address: _____ Town: _____ State: _____ Zip: _____ Apt #: _____
 Place of Employment: _____ Email: _____
 Relationship to child (*circle one*): Mother Father Stepmother Stepfather Grandmother
 Grandfather Other _____

Local Emergency Contact:

1. Name: _____ Cell Phone #: _____
 Home Phone: _____ Work Phone: _____ Ex: _____
 Relationship to Child: _____
 2. Name: _____ Cell Phone #: _____
 Home Phone: _____ Work Phone: _____ Ex: _____
 Relationship to Child: _____

