

Camp Kaleidoscope Registration 2008

Contact name: _____

Address: _____

Phone Number – Home: _____ Work: _____

Email: _____ Cell: _____

How did you hear about us? _____

Parents with toddlers: Do you want us to call you about childcare and childcare prices?

Please contact the office if you're interested in a work exchange and/or a scholarship (limited opportunities and funds).

Accommodations?
 Own tent
 Shared cabin
 Private cabin (limited)

Names (including adults)	Gender/Birthdate	Relation to Contact <i>e.g. son or friend</i>	Dietary needs/Allergies/Medical concerns/ASD

To Register – Call our office or Fax or Mail this form to us.

COMMON GROUND CENTER

Call: 1-800-430-2667
 Fax: 1-802-329-2051
 Email: info@cgcvt.org
 Web: www.cgcvt.org
 Snail Mail: CCG, Attn: Registration,
 473 Tatro Road,
 Starksboro, VT 05487



**Don't forget
 the other
 side!**

*****OFFICE USE ONLY*****

Intake: _____ In DB: _____ In QB: _____ 1st Wave: _____ Forms Rcvd: _____ 2nd Wave: _____ Bill Paid: _____

