

APPLICATION for 2019 NEOLS RR CAMP

(Open to 1st time Campers, 10-14 yrs of age)

Name of Camper _____ Age _____

Parent(s) name _____

Address _____

City & Zip _____

Phone 1. _____ (cell) _____

2. _____ (cell) _____

email 1. _____ 2. _____

Allergies, Food Sensitivities, etc. of which the Camp Director should be aware:

Emergency Daytime Contacts (home &/or cell):

Primary Name:

Secondary Name:

NEOLS will be taking video and photos for the NEOLS newsletter, promotional literature and outside venues (newspapers). If you do not want your child to appear in these media circle: NO

Parent Approval _____ Date _____

A \$45 fee will be asked to cover cost of supplies and materials and is due upon registration. Please send payment and completed application form to:

NEOLS c/o John Beck, 2477 South Medina Line Road, Wadsworth, Ohio 44281

Phone: 330-571-4334