

Please return this form as soon as possible to:
 Camp Dynamite
 1217 Alabama Ave SE, Suite 4, Washington DC 20032
 Office 202-574-3053 Cell 202-487-5752
campdynamite@yahoo.com



Month/Year:

CAMP STAFF – UPDATED INFORMATION

PERSONAL INFORMATION

Name:		Date of Birth:
Address:		
City:	State:	Zip:
Home Phone:		Work Phone:
Email:		Cell Phone:

MEDICAL INFORMATION

Health Insurance Company:	
ID #:	Policy #:
Group #:	Medical Record #:

EMERGENCY INFORMATION Who should we contact in case of an emergency?

Name:		Relationship:
Address:		
City:	State:	Zip:
Home phone:	Work phone:	Cell phone:

FAMILY

<i>If you are under the age of 18, please complete the following:</i>		
Mother's name or Guardian:		
Address:		
City:	State:	Zip:
Home phone:	Work phone:	Cell phone:
Father's name or Guardian:		
Address:		
City:	State:	Zip:
Home phone:	Work phone:	Cell phone:

CHURCH

Name of your church:		
Pastor's name:		
Church address:		
City:	State:	Zip: