

CAMPER INFORMATION

Person completing form:	Relationship to camper:
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Camper name:

Date of birth:	Gender:
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PROFESSIONAL REFERENCES

Professional 1 name:	Relationship to camper:
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Address:

City:	State:	ZIP Code:
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E-mail:	Phone:
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Professional 2 name:	Relationship to camper:
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Address:

City:	State:	ZIP Code:
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Phone:	E-mail:
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I hereby authorize Holly Zipperer, Director of Summer Programs at Valley Forge Educational Services, to contact the professionals listed above regarding the camper listed above.

Parent/Guardian Signature:	Date:
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