



Mail this registration form when completed with payment to:
James Teed (Camp Administrator), 54 Colby Rd, Quincy, MA, 02171

E-mail: jpt576@comcast.net

If registering more than one boy, please fill out a separate form for each. "Permission to participate" and "Health history" forms must also be submitted. Checks must be made payable to **Camp Eagle's Cliff**. The cost of the camp is \$725 per camper, with a discounted rate of \$650 for a second camper from the same family.

Name _____ Date of Birth _____

Address _____

City/Town _____ State/Prov. _____ Zip _____

Phone _____

Parent E-Mail _____

Height _____ Weight _____

Parent / Guardian Signature Date

Parent / Guardian Signature Date

Parent / Guardian Name (Print)

Parent / Guardian Name (Print)

Address

Address

City, Town, State, Zip

City, Town, State, Zip

Phone

Phone

A parent, relative, or guardian must be available throughout the duration of camp in case

of emergency. Name _____ Phone No. _____