



Please return this form by May 15th to Camp Kippewa at:

15 Myrtle Avenue, Westford, MA 01886 • (800) 547-7392 tel • (207) 933-2996 fax

Emergency Contact Form

To be completed by parents for all campers. One per camper.
Please fill out both sides of this form and return by **May 15th**.

Camper's Name _____ Session I Session II

Address _____ Phone () _____

City _____ State _____ Zip _____

Mother's Name _____

Bus. Phone () _____ Cell () _____ Beeper/Pager () _____

Father's Name _____

Bus. Phone () _____ Cell () _____ Beeper/Pager () _____

Fax Number () _____ Location _____

Summer Home Phone () _____ Weekend Weekday Both

Emergency Contact #1:

Name _____ Phone () _____

Relationship _____

Emergency Contact #2:

Name _____ Phone () _____

Relationship _____

(OVER)

