



summer camp application

WAKE UP 2K10

NAME:	AGE:	GENDER:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:		
HOME PHONE:		
CELL PHONE:		
PARENTS' NAME:		
PARENTS' PHONE:		
EMERGENCY CONTACT NAME:		
EMERGENCY CONTACT PHONE:		
INSURANCE COMPANY:		
INSURANCE PHONE:		
BIRTHDAY:		
T-SHIRT SIZE:		
PREFERRED DATES (DAY CAMP):		
WHO WILL BE BRINGING YOU TO CAMP?		
PREFERRED TERM (OVERNIGHT CAMP):		
WHO WILL BE BRINGING YOU TO CAMP?		
PLEASE EXPLAIN YOUR SKILL LEVEL---CAN YOU GET UP 100% OF THE TIME? WHAT CAN YOU DO ONCE YOU ARE UP?		
TWO SKI-		
SLALOM-		
WAKEBOARD-		
WAKE SKATE-		
WAKE SURF		
KNEEBOARD		
WAKE SKI-		
WHAT DO YOU PLAN TO ACCOMPLISH AT HWC WAKE UP 09'?		
HOW DID YOU LEARN ABOUT HWC WAKE UP 09'?		
DO YOU HAVE ANYTHING WE NEED TO KNOW? (FOOD ALLERGIES, MEDS, ETC.)		
DEPOSIT METHOD: CHECK # / MONEY ORDER # (PAYABLE TO HWC):		

MASTERCARD	DISCOVER	VISA
CREDIT CARD NUMBER:		
EXP. DATE:	CCV#:	
CARDHOLDERS BILLING ADDRESS		
CITY:	STATE:	ZIP:
NAME ON CARD:		