

# CAMP TAKAJO

## EMERGENCY CONTACT INFORMATION 2010

Camper(s): .....  
Last Name First Name(s)

**THIS INFORMATION WILL BE USED TO CONTACT YOU IN CASE OF EMERGENCY.  
PLEASE MAKE ANY CHANGES, AS NECESSARY.  
PLEASE FILL OUT ALL INFORMATION ON FRONT AND BACK OF THIS SHEET.**

Parents' Names: .....

Mailing Address: .....  
.....  
.....

Home Phone: .....

Mother's Work Phone: ..... Father's Work Phone: .....

Mother's Cell Phone: ..... Father's Cell Phone: .....

Mother's E-mail: ..... Father's E-mail: .....

Camper's Cell Phone: ..... Other phone numbers: .....

- **SUMMER ADDRESS INFORMATION:** IF YOU WILL NOT BE LIVING AT HOME, please indicate your summer address, phone number(s), and dates during which you can be contacted there. **(If you will be living at home, please leave blank.)** If you will be traveling, please include your itinerary or send to camp when available.

If you will be away from home for a few days during the summer, please call and leave word with the secretaries (or fax the information to us at 207-693-6654). Please provide dates during which you will be away and phone numbers where we can reach you. **(Please MAKE SURE to include information on where you will be staying when attending Visiting Day.)**

Summer Address (*only if different*): .....  
.....

Summer Phone(s): .....-.....-.....

Dates during which you can be contacted at this address: ..... to .....

- **IN CASE PARENT IS NOT AVAILABLE,** please indicate name, relationship and phone numbers of two persons with whom we may communicate if we need to consult someone in any matter related to your son or sons.

Contact person ..... Contact person .....

Relationship ..... Relationship .....

Phone .....-.....-..... Phone .....-.....-.....

Phone .....-.....-..... Phone .....-.....-.....

- **VISITING DAY:** The two Visiting Days in 2009 are Friday, July 24, and Saturday, July 25. (Grandparents may visit either day.) **ONE visit, only, is permitted.**

[ ] Friday, July 24 Name of visitor(s) ..... No. of visitors .....

[ ] Saturday, July 25 Name of visitor(s) ..... No. of visitors .....

- **VISITING DAY ACCOMMODATIONS:** (If you do not have this information now, please provide when available.)

Name of Hotel ..... Phone .....-.....-.....

City/State ..... Dates of Stay ..... to .....

- **SIBLING EXTENDED STAY:** (for younger brothers currently in grades 1 through 4)

My son .....will stay until 8:00pm on Saturday, July 24.

His Date of Birth is: ..... In Sept. 2010, he will be in Grade .....

**CAMPER TRAVEL and BAGGAGE INFORMATION**

- **TRAVEL INFORMATION:** (If “Other,” please specify.)

My son(s) will travel **TO CAMP** from: BWI  
 Newark  
 JFK  
 Philadelphia  
 West Palm Beach  
 Los Angeles  
 Boston Bus  
 Westchester Bus  
 by CAR  
 Other .....

My son(s) will **RETURN HOME** to: BWI  
 Newark  
 JFK  
 Philadelphia  
 West Palm Beach  
 Los Angeles  
 Boston Bus  
 Westchester Bus  
 by CAR  
 after Father/Son Weekend  
 Other .....

- **BAGGAGE INFORMATION:** (If “Other,” please specify.)

My son(s) baggage will travel **TO CAMP** via: Camp Trucking  
 Coopino  
 UPS  
 Other .....

My son(s) baggage will **RETURN HOME** via: Camp Trucking  
 Coopino  
 UPS  
 Other .....

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(PRINT name of parent)

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(Date)

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(Signature of parent)