

# 2022 Camp Registration Form

Email Address: \_\_\_\_\_

First and Last name of Parent/Guardian:  
\_\_\_\_\_

First and Last name of Child:  
\_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Student Info: What are some of the reasons for your interest in our summer program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medical conditions that require our attention? We will provide lunch for our students so please list any food allergies.

\_\_\_\_\_  
\_\_\_\_\_

\*Please send completed forms to [support@chicagomaritime.org](mailto:support@chicagomaritime.org), thank you!

