Camp Registration

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Child Inf	ormation:											
First Naı	me:			_ [ast Name:	:						
Gender:	M F			[OOB:							
Address	:											
Medical	Concerns/A	llergies: _										
Parent/	Guardian Inf	formation	ı:									
Name: _				=								
Cell:			Ε	Email:								
Emerge	ncy Contact:											
Name: _												
Relation	:											
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