



# 2024 CSI Summer Camp Registration Form

**CSI Summer Camp is open for children entering grades 3 thru 8  
Camp will be held June 24 -27  
9:00am – 12:00pm  
Location: Lebanon Memorial Park, 67 Bunnvale Rd, Califon, NJ**

Registration Fee: \$150      Please make check payable to Prime Suspect

Camper Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Cell \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

Camper Shirt Size:    YS    YM    YL    S    M    L

### EMERGENCY CONTACT IF PARENT CANNOT BE REACHED

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### ALLERGIES, MEDICATIONS, ETC

Known allergies: \_\_\_\_\_

If your child requires medication, please specify: \_\_\_\_\_

Is there anything you'd like us to know about your child? \_\_\_\_\_

PHOTO RELEASE: Photographs may be taken during this camp for future promotions and newspaper articles.    I **do not** wish my child to be photographed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAIL REGISTRATION FORM WITH PAYMENT BY MAY 24, 2024:  
21 WOODLAND TERRACE, HIGH BRIDGE, NJ 08829**