

APPLICATION TO ATTEND 2018 HISTORICAL DAY CAMP for kids

Please Print Name of Child: _____

Sex: Male Female Birth date: _____ Age at time of Camp _____

Address: _____ City _____ State: NC Zip: _____

Parent/Guardian Name(s) _____

Home Phone: _____ Work or Cell Phone _____

County of Residence: _____

Does your child have any "special needs" or disabilities that needs to be addressed?

If yes, please explain the special accommodations that will be needed.

Does your child have any allergies? _____ Do they carry an EpiPen with them? _____

Meals will be a Kid's Meals from Subway. Meals will include kids sub, apple slices & juice or milk

Please choose your child's meal.

Bread: Italian _____ 9-Grain Wheat _____ Italian Herbs & Cheese _____

Meat: Black Forest Ham _____ Turkey Breast _____

Cheese: American _____ Provolone _____ Pepper Jack _____

Vegetable: Lettuce: _____ Spinach _____ Tomatoes _____