

Registration Information

Registration Deadline August 7,2022

*All children under age 18 **must** be accompanied by an adult*

Contact Name: _____

Full Address: _____

Ph. # (_____) _____ Email: _____

_____ # of Adults and/or Children @ \$30.00 each = \$ _____

Please list all Participants:

_____	_____
_____	_____
_____	_____
_____	_____

Please list dietary needs for each family member (if multiple, please put name for each person, if none please note N/A):

Medical Needs for each family member (Please put name of person then medical need next to it.)

Our family would like to stay in a cabin with another family, please place us with: (remember each cabin only holds 10 people):

I am paying by :

- Cash
- Check (payable to: WT4H Camp)
- Credit Card

Credit Card # _____ Exp. Date _____

Card Holder Signature _____

Return to: WT4H Family Camp
326 Taft Pond Road
Pomfret, CT 06259