



LCIF/FAF/CYO “Little Heroes” Program
JV Mara Summer Camps for Children
Registration Form

Child’s Name: _____ Male Female Age as of 8/1/03: _____

Parent/Guardian(s) Name: _____ Child’s T-Shirt Size _____

Parent/Guardian e-mail: _____ Phone: _____

Address: _____

Please indicate how your child was affected by September 11th:

Please indicate which session(s) in which you would like to enroll your child (free of charge):

- Session I (July 28th – August 1st) Session III (August 11th – August 15th)
- Session II (August 4th – August 8th) Session IV (August 18th – August 22nd)
- Leadership In Training ages 14 – 15 (available all weeks, check here and weeks desired)

Please check one:

- I will provide camper transportation – drop off Mondays 8:30am pick up Fridays 5:00pm
- I need transportation to/from the campsite on Mondays & Fridays

*** PLEASE NOTE: CAMPERS ARE REQUIRED TO BRING THEIR OWN SLEEPING BAGS OR BED ROLLS! ***

Do you or any of your family members have any medical conditions we should be aware of?

Do you or any of your family members have any dietary needs we should be aware of?

**IMPORTANT: Medical Forms and Immunizations Forms due BEFORE child can be admitted to camp (State Regulation).
Forms will be sent with your Camper Information Packet.**

Parent or Guardian

I approve this application and certify that the proposed camper is capable of such an experience. I agree to have the medical form completed by a physician within one year prior to the beginning of the camp. Permission is granted for applicant to participate in all planned camp activities and programs including out-of-camp trips by camp transportation, understanding that competent leadership will be provided. I authorize the CYO to have and use photographs, slides, movie pictures or television video-tapes of the person named on this application as may be needed for its records or public relations program. I understand that the director of the CYO Camp reserves the right to refuse applications of, or to sever connections with, any individual whose influence is judged harmful to the best interest of the camp.

Parent or Guardian Signature _____ Date _____

Send registration form to: Friendship Ambassadors Foundation
110 Mamaroneck Ave, White Plains, NY 10601 * Fax: 914 328 8578 * Email: Eileen@faf.org
For information please contact Eileen Mandell, Lions Outreach Coordinator
Phone: 914 328 8589 or (cell) 914 843 4885 * Email: Eileen@faf.org
CAMP MARA HOTLINE: 845-428-7777

Participation is subject to confirmation!