



Skate Number: _____

Camp Dates: _____

Camp Chillin' Sign-in Sheet

Name: _____ Age: _____

Address: _____

_____ Gender: _____

Parent/Guardian Information 1:

Parent/Guardian Name: _____

Cell #: _____ Daytime #: _____

Parent/Guardian Information 2:

Parent/Guardian Name: _____

Cell #: _____ Daytime #: _____

Health and/or Allergies:

People Authorized to Pick Up Child:

	Arrival Time	Initial	Buy/Bring Lunch	Pick Up Time	Initial	Special Instructions
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						