

**GLACIER MEADOW LODGE KIDS CAMP REGISTRATION FORM 2014**

Name of camper \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Note any special needs of camper

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The camper agrees to being photographed in camp activities for use in multi-media and p.r. Parent or guardian will need to sign medical waiver before camp begins.

Return this form to Marty Balk at Glacier View Chapel, Box 2063, Browning, MT 59417

For questions, call [406-338-7122](tel:406-338-7122)