VETERANS DAY

Appreciating Sacrifice Mini Day Camp

National Infantry Museum and Soldier Center

Heritage Hall



12 November 2012



Camper First and Last Name				Age
Parent/Guardian Fi	rst and Last Name			
Parent/Guardian Ad	ddress		State	Zip
Contact Phone #		Email Address		
In case of an emerg	gency, please list the r	ame and number of someone	else we could contact	
Emergency Contact Name Emergency Contact #				
Does your camper l	have any allergies or r	nedical conditions we need to	know about? If, so, what are t	:hey?
		camper? If yes, Name	and phone #	
Camp flyer	Newspaper	TV/Radio	internet	Word of Mouth
At School	Other (please	specify)		
Is your camper the	son or daughter of ac	tive or retired military?		
_		rable to <u>The National Infantry</u> ent, National Infantry Museun		-
		ts should check their children ren can be picked up at Herita		k where they will be met by a
		For Museum Us	e Only	
Registration Fee Pa	id On	Entered in Database on		
Paid by: CASH	CHECK (#)	Credit		EXP
Amount paid	Notes:			