

**CEDARBROOK CAMP SOUTHERN CALIFORNIA**

**Group Registration Form**

**Each camper must provide a separate 1) Registration Form, 2) Parent Questionnaire, 3) Health Form.  
A minimum of \$50 per camper must accompany this form.**

**Group Name** \_\_\_\_\_ **Group Leader** \_\_\_\_\_ **Cell (\_\_\_\_)** \_\_\_\_\_

Camper Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Amount Paid \$ \_\_\_\_\_

Camper Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Amount Paid \$ \_\_\_\_\_

Camper Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Amount Paid \$ \_\_\_\_\_

Camper Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Amount Paid \$ \_\_\_\_\_

Camper Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Amount Paid \$ \_\_\_\_\_

Camper Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Amount Paid \$ \_\_\_\_\_

Camper Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Amount Paid \$ \_\_\_\_\_

Camper Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Amount Paid \$ \_\_\_\_\_

Camper Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Amount Paid \$ \_\_\_\_\_

**Total Paid \$** \_\_\_\_\_

Payment method:

Check in the amount of \$ \_\_\_\_\_ Payable to Cedarbrook Camp Southern California

Charge my credit card in the amount of \$ \_\_\_\_\_ Name on card \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_/\_\_\_/\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street City State Zip

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_