



Emergency Contacts

(1 Form Per Family – Please Print Clearly)



AMERICA'S CAMP

Please Mail To:
3 New King Street
White Plains, NY 10604

Mail back
this form by
June 1

To be filled out by a parent/guardian. Please notify the camp office if contact information changes prior to the camp session.

▲ Child(ren's) Name(s)

▲ Parent/Guardian(s) Name(s)

▲ Home Phone _____
▲ Cell/Car Phone _____
▲ Beeper/Pager

▲ Business Phone _____
▲ E-Mail Address

Alternate Contact Person #1 (not parent/guardian)

▲ Name _____
▲ Relationship to family/camper

▲ Home Phone _____
▲ Cell/Car Phone _____
▲ Beeper/Pager

Alternate Contact Person #2 (not parent/guardian)

▲ Name _____
▲ Relationship to family/camper

▲ Home Phone _____
▲ Cell/Car Phone _____
▲ Beeper/Pager