

# Type Camp 2009

Please complete this pdf form and email to [registration@typecamp.org](mailto:registration@typecamp.org)

CAMP \_\_\_\_\_  
(GALIANO, INDIA, ETC.)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE OR PROVINCE \_\_\_\_\_

ZIP CODE OR POSTCODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

HOW DID YOU HEAR ABOUT TYPE CAMP? \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

FOOD REQUIREMENTS \_\_\_\_\_

ALLERGIES/MEDICAL ISSUES \_\_\_\_\_

ADDITIONAL REQUESTS \_\_\_\_\_

\_\_\_\_\_