

Band Camp Housing Sign-up Form

--Non-FVL Students ONLY!--

Please sign up in pairs, if possible, and please PRINT all information!

Name #1 _____ M F Class: 8 9 10 11 12

Parent(s): _____ School: _____

Address: _____

City/State/ZIP: _____

Parent Home Phone: (_____) _____ Parent Email _____

Parent Work Phone: (_____) _____

Allergies/Medical Conditions: _____

Medications Being Taken: _____

Emergency Contact Person: _____
(In case parents can not be reached)

Phone number: (_____) _____

Name #2 _____ M F Class: 8 9 10 11 12

Parent(s): _____ School: _____

Address: _____

City/State/ZIP: _____

Parent Home Phone: (_____) _____ Parent Email _____

Parent Work Phone: (_____) _____

Allergies/Medical Conditions: _____

Medications Being Taken: _____

Emergency Contact Person: _____
(In case parents can not be reached)

Phone number: (_____) _____

If you have already made arrangements to stay at someone's house for Band Camp, please indicate their names and phone number

Student's Name: _____ Home Phone: (_____) _____

Parent's Name: _____

This form should be returned to FVL (Attn: James Neujahr) by Tuesday, May 22.
(5300 N. Meade Street, Appleton, WI 54913)