



Registration for 2011

Camper's name:			
Date of birth:		Age in August 2011:	
Grade in Sept 2011:		Team (If returning camper):	
Parents' name(s):			
Primary contact information:			
Address:			
City:			
State:		Zip Code:	
Telephone 1:			
Telephone 2:			
Email Address 1:			
Email Address 2:			
For new campers:			
How did you hear about SEL?			
Amount enclosed:			
Deposit:	\$500.00		
Other:			
Tax-deductible donation to SEL Scholarship Fund:			
Total:			
Parent's Authorization			
The camper herein described has permission to engage in all planned camp activities, except as noted by me and the examining physician on the official medical form. By signing below, I also give Singing Eagle Lodge permission to use photographs of my daughter in any of its publications, including brochure, website and slideshows.			
Parent's Signature:			
Printed Name:			
Date:			

Please mail this form with your \$500 deposit to

Erin O'Connell 30 Half Moon Isle Jersey City, NJ 07305
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