

Please complete and return to:
Camp Quinipet
PO Box 549
Shelter Island Hgts., NY 11965

Camp Quinipet Registration Form

CAMPER'S INFORMATION: Please complete your address and Contact information below.

First Name: _____ Middle Initial: _____

Last Name: _____

Gender: _____ Date of birth: _____ Grade Entering in
Fall 2009: _____

Church Name: _____

Location: _____ NYAC District: _____

ADULT CAMPERS and/or **PARENT OF YOUTH CAMPER:** Please complete your address and contact information below

Custodial Parent(s)

Other parent or guardian:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Day Phone: _____

Evening Phone: _____

EMERGENCY CONTACT:

Name: _____

Relationship To Camper: _____

Phone: _____

Event #	Event Name	Event Dates	Fee
First Event:			
Second Event:			