

Camp Lakotah, Inc.

Participant Register

Group Name: _____ Date: _____

| | | | | | | |
|---|-------------------------|---------------|--------------|-------------------|-------|-----------------|
| 1 | Participant's Full Name | Birth Date | Home Address | City | State | Zip |
| | | | | | | |
| | Home Phone | Email Address | | Emergency Contact | | Emergency Phone |
| | | | | | | |
| 2 | Participant's Full Name | Birth Date | Home Address | City | State | Zip |
| | | | | | | |
| | Home Phone | Email Address | | Emergency Contact | | Emergency Phone |
| | | | | | | |
| 3 | Participant's Full Name | Birth Date | Home Address | City | State | Zip |
| | | | | | | |
| | Home Phone | Email Address | | Emergency Contact | | Emergency Phone |
| | | | | | | |
| 4 | Participant's Full Name | Birth Date | Home Address | City | State | Zip |
| | | | | | | |
| | Home Phone | Email Address | | Emergency Contact | | Emergency Phone |
| | | | | | | |
| 5 | Participant's Full Name | Birth Date | Home Address | City | State | Zip |
| | | | | | | |
| | Home Phone | Email Address | | Emergency Contact | | Emergency Phone |
| | | | | | | |
| 6 | Participant's Full Name | Birth Date | Home Address | City | State | Zip |
| | | | | | | |
| | Home Phone | Email Address | | Emergency Contact | | Emergency Phone |
| | | | | | | |