Camp Lakotah, Inc.

Participant Register

Group Name:					Date:					
1	1 Participant's Full Name		Birth Date		Home Address		City		ate	Zip
Home Phone Email		il Address		Emergency Contact	Em		Emergenc	rgency Phone		
2	Participant's	Full Name	Birth Date		Home Address		City	St	ate	Zip
•										
Н	Home Phone Email		Address		Emergency Contact		Emer		gency Phone	
3	Participant's	Full Name	Birth Date		Home Address		City	St	ate	Zip
Home Phone Email		l Address		Emergency Contact		Emergency Pho		ne		
4	Participant's	Full Name	Birth Date		Home Address		City	St	ate	Zip
Home Phone Email		l Address		Emergency Contact		Emergency Phone				
5	Participant's	Full Name	Birth Date		Home Address		City	St	ate	Zip
Home Phone Email		l Address		Emergency Contact		Emergency Phone				
6	6 Participant's Full Name		Birth Date Home Address			City	St	ate	Zip	
Home Phone E		Email	ail Address		Emergency Contact		Emergency Phone			