University of Toledo Youth Program/Camp General Information Form (Enter N/A in fields that are not applicable)



GENERAL INFORMATION							
Camp Name / Location / Dates _							
Name of Student							
Date of BirthGrade in Fall_		T-Shirt Size		Gender:	M	F	
Parent/Legal Guardian Name							
Street Address							
City		_State	Zip				
Home Phone		Work Phone					
Cell Phone		_Email					
Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Pho	Cell Phone #		Relation	
Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #		Relation		
TRANSPORTATION							
I will arrive in Toledo on (date/tin Method of Transportation	me)		_				
I will be traveling from (city)Accompanied by			Rela	tion			
I will depart Toledo on (date/time Method of Transportation	2)		<u></u>				
I will be traveling to (city)			Accompanied by				
Please indicate whether you plan	to keep a vehicle on ca	ampus (circle one):	YES	NO			
		Parent/Guardian Name					
Participant Signature		Parent/Guardian Signature					
Date		Date					

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19