



SWS Lake Joseph Club Ski School

CAMPER APPLICATION

CONTACT INFORMATION			
Guardian Name:		Contact #:	
Email Address:		Mailing Address:	
EMERGENCY INFORMATION			
Camper Name:		Age:	
Emergency Contact:		Emergency Phone Number:	
Allergies:		Alternate Phone Number:	
Injury History:			
PAYMENT INFORMATION			
Name on Card:		Expiry:	
Card Number:		CVS Code:	
Signature:		Date:	
All Fields Mandatory*			