

Camp Penuel East Counselor Pre-Registration Form

Full Name	Age	Gender	Requires Medicine	
		Male <input type="checkbox"/> Female <input type="checkbox"/> <small>Please Circle One</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List Food Allergies Or Special Dietary Needs				
		Male <input type="checkbox"/> Female <input type="checkbox"/> <small>Please Circle One</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List Food Allergies Or Special Dietary Needs				
		Male <input type="checkbox"/> Female <input type="checkbox"/> <small>Please Circle One</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List Food Allergies Or Special Dietary Needs				
		Male <input type="checkbox"/> Female <input type="checkbox"/> <small>Please Circle One</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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