



2009 FORM CHECKLIST

<u>REQUIRED FORMS</u>	<u>DUE DATE</u>
<input type="checkbox"/> MEDICAL FORM	5/1/2009
<input type="checkbox"/> COPY OF INSURANCE CARD	5/1/2009
<input type="checkbox"/> CAMPER INFORMATION FORM	5/1/2009
<u>OTHER FORMS</u>	<u>DUE DATE</u>
<input type="checkbox"/> MEDICATION FORM	Luggage Drop-Off with Medications
<input type="checkbox"/> BUNKING REQUEST FORM	5/1/2009
<input type="checkbox"/> RESTRICTED DIET AUTHORIZATION FORM	5/1/2009
<input type="checkbox"/> PARENT EMERGENCY CONTACT FORM	As Needed
<input type="checkbox"/> FAX FORM - Feel free to duplicate.	As Needed

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