

Alabama CFO Registration

Date:

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone () _____ e-mail _____

If youth, name of parent or adult sponsor in camp _____

Are you registering a new camper? Yes () No () Please circle names of new campers

Special needs/roommate preferences _____

If no arrival/departure dates shown we will assume you are staying for the full duration.

Nametag Information: Or nickname of everyone in group	Youth and children			Arrival dat/1 st meal	Departure day/last meal	Bldg Pref NRC, lodge
	Age	Sex	Entering Grade			
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total amount enclosed \$ _____

Make checks payable to ALABAMA CFO.
MAIL TO: Mallory Jackson
1151 Hwy 40
Wilsonville, AL 35186