



**CAMP TOTOKETT MENTOR  
REGISTRATION 2018**

**July 30 – August 3, 2018**

**NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Gender:** M F

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

*Please list any special needs or Information:*

\_\_\_\_\_

**Medication:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Emergency Contact Information:**

*Name of person to contact:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

*Home phone #:* \_\_\_\_\_ *Work/Cell phone #:* \_\_\_\_\_

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*Home phone #:* \_\_\_\_\_ *Work/Cell phone #:* \_\_\_\_\_

**Adult T-shirt Size:** AS AM AL AXL (select one for staff shirt)

**Photo Release:** I will/will not (circle one) allow my child's picture to be used in Church Publicity for Camp Totokett.

**PHYSICALS:** All volunteers must have a current physical form on file to volunteer at camp – it is a state requirement. *By agreeing to volunteer, you agree to furnish us with this form prior to the first day of camp.* Physicals are valid for three years from the date of your last exam.

**MENTOR SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail or fax your completed form to: CAMP TOTOKETT, First Congregational Church,  
1009 Main Street, Branford, CT 06405 Fax #: (203) 483-5237**

**If you have any questions or concerns, please do not hesitate to contact us!**

**Email: [camptotokett@gmail.com](mailto:camptotokett@gmail.com)**

**Phone: (203) 483-5237**