

Registration Form for Dad's Lad's & Gal's Retreat

Please complete this form and return it to the address below with a \$95.00 check made out to:

Camp Allegheny
100 Camp Allegheny Dr.
Stoystown PA 15563

Dad's Name

Address

State

Zip

Phone: Home

Cell

E-mail Address:

Child's Name

Age

Sex

Child's Name

Age

Sex

Child's Name

Age

Sex

Child's Name

Age

Sex

Child's Name

Age

Sex

Is this your first time at Camp Allegheny?

Yes

No

Do you prefer to be in a dorm style bedroom with other families or a private your family?

Dorm

Private

Do you or any of your children have food allergies? Yes

No

If yes, to what?
