

RRPOA CAMP REGISTRY AND INFORMATION FORM

CAMP # _____

DATE _____

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ - _____ - _____

CAMP NAME _____

NAME AND NUMBER # OF OTHER PARTIES IN CAMP

NAME _____ # _____

NAME _____ # _____

PLEASE PRINT CLEARLY (THANK YOU)

YOU MUST MAINTAIN YOUR CAMP SITE

AND PAY MEMBERSHIP YEARLY

PRINT NAME _____

DATE _____ SIGN _____