

Name of Camp: Camp Cobbossee

Session Date: JUNE 24-JULY 18, 2010 OR JULY 21-AUGUST 14, 2010

PLEASE CIRCLE THE SESSION YOUR CHILD WILL BE ATTENDING

CAMP INFORMATION SHEET



165 Capitol Street, Augusta, ME 04330
Phone: 207-623-1170 Fax: 207-621-2346

Name of Camper _____

Date of Birth _____

Do you already use CVS/Pharmacy? YES OR NO

Address and/or phone number of the CVS you use: _____

Name of Parents/Guardians _____

Address _____

Phone Number _____ Alternative Phone number _____

Allergies to any Medication _____

Medications expected from CVS/Pharmacy on day one of camp (please list below)

PLEASE provide a photo copy of both sides of your PRESCRIPTION insurance card so we can make sure we are billing properly

Payment: Credit Card Type _____

Credit Card Number _____ Exp Date _____

Name on Credit Card _____

Please fax or mail the completed form to **CVS/pharmacy** in Augusta, Maine.