

Name of Camp: Camp Winadu
Session Date: June 23rd– August 12th, 2012

CAMPER INFORMATION SHEET



107 West Street
Pittsfield, MA 01201
Phone: (413) 499-4624
Fax: (413) 448-2583

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 _____ Mastercard _____ Visa _____ American Express

Credit Card Number _____ Exp Date _____

Name on Credit Card _____

Please fax or mail the completed form to **CVS/pharmacy** in Pittsfield, MA.