



Camper Information	Teen #1	Teen #2	Teen #3
First & Last Name			
Gender Identification	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Preferred Pronouns _____ (Optional)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Preferred Pronouns _____ (Optional)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Preferred Pronouns _____ (Optional)
Date of Birth			
Teen Email			
Teen Cell Number			
List Your Food Allergies or if you are a Sibling			
List other conditions such as EoE, Celiac Disease, FPIES, or Asthma			
Which Camp TAG location have you attended in the past? Mark "New" if you are new to Camp TAG.			
Shirt Size	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> XL	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> XL	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> XL

General Information	General Information
Parent/Caregiver #1 Full Name	Parent/Caregiver #2 Full Name
Relationship to Camper	Relationship to Camper
Cell Phone	Cell Phone
Home Phone	Home Phone
E-Mail	E-Mail
Address	Address
City	City
State / Zip Code	State / Zip Code

Terms of Enrollment Agreement

1. Teens and parents/caregivers agree to abide by rules and regulations set by Directors for health, safety, and welfare of campers.
2. Directors reserve the right to deny, cancel, sever, or suspend a teen's enrollment if deemed for the best interest of the teen or the camp, in which case the unused camp fee will be refunded.
3. The teen fee must be paid in full upon registration. **Payments are refundable prior to June 24th.** After June 24th, the deposit will be refunded less \$10. There is a \$25.00 fee for returned checks.
4. Parent/Caregiver signature further gives teen permission to participate in all virtual camp activities, to use camper's likeness or image in camp publications including but not limited to brochures, marketing materials, DVDs, our website and social media pages.

X Parent/Caregiver Signature: _____

Payment Method
<input type="checkbox"/> Please pay for your Camp TAG Teen Fee via PayPal on FAACT's "Donate" Page , which covers the cost for their t-shirt, education materials, other goodies, and shipping . Click "Other" then enter your total payment for registration, and then click the "Donate Now" button to complete registration:
<input type="checkbox"/> 1 st Teen - \$50 <input type="checkbox"/> 2 nd Teen - \$50 Total - \$_____

*** NOTE: FAACT's Teen Retreat is scheduled for October 28-30, 2022 in Oak Brook, Illinois.**

**Please Email Application to Eleanor.Garrow@FoodAllergyAwareness.org or
Fax to FAACT at (513) 342-1239 Date Received: _____**