



# Pet P.A.L.S. Summer Camp Application

845 West Ridge Road, Gainesville, GA 30501  
770.532.6617 Phone www.hsnega.org

## Check 2012 Camp Session:

- June 11<sup>th</sup> through June 15<sup>th</sup>  
Ages 7-9 Only, 9A.M.-4P.M.
- June 18<sup>th</sup> through June 22<sup>nd</sup>  
Ages 10-12 Only, 9A.M.-4P.M.
- June 25<sup>th</sup> through June 29<sup>th</sup>  
Ages 7-9 Only, 9A.M.-4P.M.
- July 9<sup>th</sup> through July 13<sup>th</sup>  
Ages 10-12, 9A.M. -4P.M.

### Camper's Information:

Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_  
Street/ P.O. Box City State Zip

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Gender (*Please Circle*): Male Female

Allergies or Special Needs:  
\_\_\_\_\_

### Parent/Guardian Information #1 (*lives with Camper/ Same Address*):

Name \_\_\_\_\_  
First Middle Initial Last

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax #: \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

D. L. Number and State: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

### Parent/Guardian Information #2:

Name \_\_\_\_\_  
First Middle Initial Last

Address (If Different):  
\_\_\_\_\_  
Street/ P.O. Box City State Zip

Primary Phone Contact \_\_\_\_\_ Email Address: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name & Phone Number

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name & Phone Number

I hereby authorize that the Humane Society of Northeast Georgia can release my child/children to the following person(s). Driver's License Number and Phone Number is Required.

Name: \_\_\_\_\_ D.L. Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ D.L. Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*If anyone other than those listed above is to pick up my child, please notify the Humane Society of Northeast Georgia, and supply the staff with the Name and Drivers License Number of the authorized adult.*

**Summer Camp Fees: \$150 per Camper** (Includes T-Shirt, leash, clicker, and crafts)

**Please Return Form with Payment to:**

Pet P.A.L.S. Summer Camp/ Humane Society of Northeast Georgia  
845 West Ridge Road, Gainesville, GA 30501  
(770) 538-0029 FAX or KelleyUber@hsnega.org

\_\_\_\_\_ Check Enclosed      *Please Charge My* \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV# (On Back): \_\_\_\_\_

Please Make Checks Payable to: The Humane Society of Northeast Georgia

**After completing your registration and submitting payment, you will receive a confirmation letter, additional Pet P.A.L.S. Camp details, and a health/waiver form to sign and return.**

Please call our Humane Education Department at 770.532.6617 ext. 243 with further questions.

*FOR OFFICE USE ONLY*

Receipt # \_\_\_\_\_

Date Confirmation Letter/Waiver Mailed: \_\_\_\_\_