



Aranzazu Family Camp Application: Session Dates: October 23 – 25, 2020

Family Name: _____

Parent #1: First Name, Last Name: _____

Parent #2: First Name, Last Name: _____

Home Phone Number: _____

Cell Phone Number(s): _____

Email Address: _____

Home Address: _____

Number of Family Members Attending the Getaway: _____

Names and Ages of Children Attending the Getaway: _____

Name(s) of Child with a qualifying medical condition: _____

Medical Condition: _____

Birthdate(s) of Child with a qualifying medical condition: _____

How did you hear about Aranzazu Family Camp? _____

Have you or a family member ever attended a camp at Camp Aranzazu before? If so, what camp and when? _____

Please give a brief description of any pertinent information Camp Aranzazu should know about your family or your desire for this experience as we process these inquiries?

Parent / Guardian Electronic Signature _____

Date _____