



**Aranzazu Family Camp Application: Session Dates: November 6 - 8, 2020**

**Family Name:** \_\_\_\_\_

**Parent/Guardian #1: First Name, Last Name:** \_\_\_\_\_

**Parent/Guardian #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** \_\_\_\_\_