

# Marasco Ranch Camp Registration

\*\*\*\* Please complete and **mail back ASAP**. Received forms and deposit checks will get priority.\*\*\*\*

1. Registration form
2. Release form
3. **Before Mailing Registration call Donna @ 772-708-1879 for details and to reserve your spot.**
4. Include a \$100 deposit or payment in full (\$225 1<sup>st</sup> week – Discounts available for multiple children or multiple weeks. \$175 for 2<sup>nd</sup> child+, \$175 for 2<sup>nd</sup> week+) and mail all back to:

Donna Marasco  
6704 SW 39<sup>th</sup> Street  
Palm City, FL 34990

*Please print clearly*

Camp for Week(s) of: \_\_\_\_\_

## Camper Information:

Date of Application: \_\_\_\_\_

Has your child attended camp with us before? Y / N

Camper's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M / F

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

In Case of Emergency Contact Person and Phone Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

Physician's Name and Phone Number: \_\_\_\_\_

Does Child have Allergies? Y / N

If so, please list: \_\_\_\_\_

Does Child have Special Needs? Y / N

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Anything that you would like to share with us regarding your child: