REGISTRATION TAB

Fill out your application below for the 2017 Dream Lake Camp season.

Camp Dates:false false

|  |
| --- |
| June 25-30 |
| July 9-14 |
| July 16-21 |
| July 23-28 |
| July 30-Aug 4 |
|  |
|  |

Name:



Address:



City:



State:



Zip:



Date of Birth:



Age:



Emergency Numbers



Father's Name:



Work or Cell Phone Number:



Mother's Name:



Work or Cell Phone Number:



Email Address:



Roommate Request - 1



Roommate Request - 2



Choose T-Shirt Size - **PLEASE ONLY SELECT ONE SIZE**

Youth Sizes:

|  |
| --- |
| S |
| M |
| L |

Adult sizes:

|  |
| --- |
| S |
| M |
| L |
| XL |

How did you hear about us?



|  |  |  |
| --- | --- | --- |
| Submit | Reset |  |

After submitting your application, Dream Lake will contact you within 2 days to confirm your booking and take your deposit payment over the phone. The camper will be officially registered after the deposit has been received. If you have not heard from a Dream Lake representative after 2 days of submitting your application, please call us at 205-936-3122 or 205-652-4545 or email us at [kfourassociates@bellsouth.net](mailto:kfourassociates@bellsouth.net)

***Doctor’s Permission***

A doctor’s permission slip is required to participate and must be signed and dated provided no later than the day the camper reports to camp. Download the waiver and doctor's permission form below, fill them out, and turn them in when you bring your child to camp registration.

**IMPORTANT - YOUR CHILD WILL NOT BE ABLE TO ATTEND CAMP WITHOUT THE SIGNED WAIVER AND COMPLETED DOCTOR'S PERMISSION FORMS.**

[Download the Youth Camp Forms](http://dreamlakelodge.com/Portals/0/Documents/2016CampForms.pdf)