



# DODASA RANCH Camp



5059 Carol Lane, Valley Springs, CA 95252 | ph 209.772.2700 fx 209.772.3700 | info@dodasa.com www.dodasaranchcamp.com

## FATHER AND SON CAMP REGISTRATION FORM

Father's Name \_\_\_\_\_ Size  S  M  L  XL

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Father's Email \_\_\_\_\_

Son's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Size  S  M  L  XL

Emergency Contact \_\_\_\_\_

Emergency Telephone \_\_\_\_\_ How did you learn of Dodasa? \_\_\_\_\_

**Cabin Request:** (please let us know if you would like to share a cabin with any other father's and/or son's you may know)

\_\_\_\_\_

### Medical History

Father	Son
Special Food Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Food Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
_____	_____
Allergies (include insect stings, hay fever, asthma, etc.)	Allergies (include insect stings, hay fever, asthma, etc.)
_____	_____
_____	_____

### Credit Card Information

Card Holder _____	<input type="checkbox"/> Visa
Credit Card No. _____	<input type="checkbox"/> MasterCard
Security Code: _____ Billing Zip Code _____	<input type="checkbox"/> Discover
	<input type="checkbox"/> American Express