



DODASA RANCH Camp



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

MOTHER AND DAUGHTER CAMP REGISTRATION FORM

Mother's Name _____ Size S M L XL

Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Mother's Email _____

Daughter'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 mother's and/or daughter's you may know)

Medical History

Mother

Special Food Requirements: Yes No

Allergies (include insect stings, hay fever, asthma, etc.)

Daughter

Special Food Requirements: Yes No

Allergies (include insect stings, hay fever, asthma, etc.)

Credit Card Information

Card Holder _____

Credit Card No. _____

Security Code: _____ Billing Zip Code _____

- Visa
- MasterCard
- Discover
- American Express