

Public Safety Camp

2019 Registration Form:

Childs Name: _____

Age: _____

Allergies: _____

Medical Conditions: _____

Emergency Contact Information

Name: _____

Relationship to Child: _____

Cell/Daytime Phone Number: () _____

Please include the area code

Days Of Attendance

(Circle the days we can expect the child please)

Monday July 8th

Tuesday July 9th

Wednesday July 10th

I GIVE PERMISSION FOR MY CHILD,

TO ATTEND THE PUBLIC SAFETY CAMP HELD AT THUNDER ISLAND
LOCATED AT 21 WILCOX ROAD, FULTON NY 13069 DURING THE ABOVE
DATES STATED ON THIS REGRISTRATION FORM.

Signed: _____

Date: _____

Please return form by **July 1st** to:

Lieutenant Matthew Congdon at: mcongdon1261@gmail.com

Or mail to: **Hannibal Fire Company**

Attn: Lieutenant Congdon

P.O. Box 252

Hannibal, N.Y. 13074

Additional Comments and/or concerns please write on the back.