



## Emergency Contact and Registration Form

Name of Delegate: \_\_\_\_\_

Parent/Guardian of Delegate: \_\_\_\_\_

**Contact Information:**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Please return by August 1<sup>st</sup>, 2008 to:**

Be Ready Camp

One Commerce Street, Suite 620

Montgomery, AL 36104

FAX: (334) 242-2885