



Questions? Call the camp office during regular business hours Tuesday-Friday at 207.377.2924
 To request a scholarship form, please contact camp before August 1st.

Mail registration form to: Mechuwana, PO Box 277, Winthrop, ME 04364 or email it to mechuwana@fairpoint.net

Name _____ Age _____ Grade _____ Gender _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Emergency contact name & phone _____

List medications/medical conditions/allergies/food allergies/special diet (use back of form if necessary) _____

Please initial if your child **is allowed** to be given over the counter medication if necessary (Tums, ibuprofen, cough drops) _____

** I promise that I will follow the rules of Mechuwana so that I and others can have a safe and positive experience. I realize that if I do not, I may be sent home immediately.

** I give camp permission to take pictures of me during the event for use on their website and in publications. (If you do not give camp permission to use your photo, please initial here: _____)

Rallygoer's signature _____

Parent/Guardian's signature _____

Mechuwana
PO Box 277
Winthrop, ME 04364

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RETURN SERVICE REQUESTED



Find us online at **www.mechuwana.org** or contact us at:
207.377.2924 or mechuwana@fairpoint.net

All medications must be locked up during the weekend, as per state regulations. Please give all medications to staff upon arrival so that they can safely lock them up and distribute them when needed.

Emergency contact information:

Name _____

Relationship: _____

Phone number: _____