Please complete this form and return it to Twin Rocks Friends Camp as soon as possible. Completed forms can be emailed to: friendscamp@twinrocks.org, faxed to the camp at 503-355-8341, or returned by mail at Twin Rocks Friends Camp, P.O. Box 6, Rockaway Beach, OR 97136.

TRFC Family Information and Medical History Form

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE

Head(s) of Household:

Name:	Phone Number: Phone Number:		
Address	City:	_ State:	_ Zip
Signature:		Date	:

Which camp is your family attending? (Circle One):

FVA (July 2-5, 2022) Family Camp (Sept 2-5, 2022) Home School ODS (Sept 19-23, 2022) Family Holiday (Dec 9-11, 2022)

List everyone from your group/family attending camp (any *non-family* minors coming with your group must also have their parent/guardian complete the "Non-Family Members Permission Form" (call the office to obtain this form if needed):

FIRST/LAST NAME	For Minors: Birthdate	Medical Conditions*	Medical Allergies	Special Diet Needs
	& Grade in Fall '22			

.*Use the back of this form to further explain any medical conditions or concerns.

EMERGENCY CONTACTS: In an emergency, notify the following:

(1) Name	Relationship to far	mily	
Home Phone	Daytime Phone	Cell Phone	

(2) Name Relationship to famil		ip to family
Home Phone	Daytime Phone	Cell Phone