

Camp Matoaka, One Great Place, Smithfield Maine 04978

CHECK OFF CAMP SESSION:

Full session (June 29–Aug.16) ; 1st session (June 29–July 23) ; 2nd session (July 23–Aug. 16)

CAMP INFORMATION SHEET



1 Kennedy Memorial Drive
Waterville, ME 04901
Phone: 207-873-7161
Fax: 207-877-7656

Please fax or mail the completed form to **CVS/pharmacy** in Waterville, Maine.

Name of Camper_____

Name of Parents/Guardians_____

Address_____

Phone Number _____Alternative Phone number_____

Date of Birth_____

Allergies to any Medication_____

Primary Care Doctor_____

Primary Care Doctor Phone number _____

Prescription Insurance_____

****PLEASE provide a photo copy of both sides of your insurance card so we can make sure we are billing properly****

Payment: Credit Card Type _____

Credit Card Number _____Exp Date_____

Name on Credit Card_____

Please fax or mail the completed form to **CVS/pharmacy** in Waterville, Maine.