



REGISTRATION FORM

Please fill out form and return with \$100 non-refundable deposit to:

Shannon Jenkins Photography • 3200 Turndale Ct • Franklin, TN 37064
Contact: (615) 351-5198 or shannon@shannonjenkinsphotography.com

Please indicate which week you are requesting:

- June 18-22 (ages 8-12) July 9-13 (ages 12-14)

Student's Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Mobile () _____

School _____ Grade (Fall 2010) _____

Date of Birth (Month/Day/Year) _____ Age as of July 1st, 2010 _____

Parent's Name(s) _____

Mother's Mobile () _____ Work Phone () _____

Mother's email _____

Father's Mobile () _____ Work Phone () _____

Father's email _____

Emergency contact (other than mother/father) _____

Phone () _____ or () _____

Insurance Information: Is student covered by family medical/hospital insurance? YES NO

Carrier or Plan Name _____

Policy/Group number _____ Phone () _____

Physician's Name _____ Phone () _____

Address _____

Health History: Please list any past or current health conditions _____

Allergies: _____

Please list any medications your child will need to take during his/her time in camp. _____
