## CONNECTICUT FIELD HOCKEY CAMP, LLC PO BOX 728 STORRS CT 06268

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## EMERGENCY CONTACT INFORMATION/EARLY PICK-UP OR LATE DROP OFF AUTHORIZATION FORM

	Camper's Name			GRU DVOVE #
I.	FIRST EMERGENCY CONTACT INFORMATION 1. Parent/Legal Guardian:		LAST  2. Parent/Le	CELL PHONE # egal Guardian (Optional)
	FIRST/LAST		FIRST/LAST	
	ADDRESS	E-MAIL	ADDRESS	E-MAIL
	CEL	L PHONE	CELL	PHONE
	First Name	Last Name	Relation	Cell Number
	First Name	Last Name  Last Name	Relation Relation	Cell Number  Cell Number
	First Name	Last Name	Relation	Cell Number