

*For insurance purposes, please list the names of everyone in your group along with the number of days each person was present at CCC. Please turn this form in at check-out. Additional space is on the back. Thank you*



**Group Name:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

	Name	Total Days at Camp
1		
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29	Name	Total Days
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Mailing Address:

Phone:

Date: