



Camp Fa-Ho-Cha Application Form 2025

Please print information



Camper Name _____ Male _____ Female _____

Address _____ Birth Date _____

If 10 or older by July 1 and 12 or younger by July 1

City, State, Zip _____ Grade Completed _____

Parent/Guardian _____ Home/Cell Phone _____

Email: _____

Emergency Contact (name) _____ Phone # _____

(address) _____ Cell Phone # _____

Health Insurance Co. _____ Policy # _____

Allergies: Hay Fever Insect Stings Penicillin Poison Ivy Reaction: _____

Food Allergies or Dietary needs: _____

Medications (list all medications currently in use)

I grant permission to the head counselor to administer the medications that I have indicated above. I understand that all medications will be administered according to labeled directions.

Should any accident or illness occur to my child at the camp or en-route, I understand that immediate care will be given. If the nature of any indisposition, however, would require further treatment or care beyond the terms of the insurance, I authorize necessary attention. Should such indisposition prevent further participation of the Camp activities, I am willing that my child be returned home at my expense.

All bags subject to inspection for the safety of all children.

I the undersigned hereby authorize the use of any photos, not limited to children attending the camp, to be used in any public media for the promotion of the camp.

The Camp will not discriminate against any individual. Reasonable modifications in policies, practices or procedures will be made when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services.

Parent/Guardian Signature

I would like to take part in the camping activities at Camp "FA-HO-CHA" located on German Lake in Le Sueur County, MN. I agree to follow the directions of the Camp Counselor and take part in the activities planned each day. I will be attentive to other campers and be a friend to everyone.

I would like to be in a cabin with _____

Camper Signature

Male Campers week of **July 13-19, 2025** Female Campers week of **July 20-26, 2025**

Camper Fee \$250 Paid by: _____ **Make check payable to: Camp Fa Ho Cha**

Application approved by Lodge # _____ (City) _____

Noble Grand _____ Secretary _____

Send application / check to: Donna Perryman, Secretary PO Box 404 Winnebago, MN 56098

Or email to: auntдона@bevcomm.net

(Jan 2025)