



Lifeguarding Course Registration Form  
June 1-3, 2018

Name \_\_\_\_\_ Male Female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Camp/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone/Cell (\_\_\_\_) \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

Send this form and the full payment to:  
Victory Valley Camp 7472 Sigmund Rd. Zionsville PA, 18092

