



Camp Hope Registration Packet

Camp Hope Occupant Identification

I hereby voluntarily provide the following information to St. Bernard Parish and Habitat For Humanity-NOLA for purposes of assessing who is utilizing Camp Hope. The information collected through this form is protected by the Privacy Act, and contains personal information covered under provisions of the Act. The collected information will only be used for the purpose in which it was intended.

Camp Hope, Saint Bernard, LA (St. Bernard Parish)

Name: _____ Contact Number: _____

Home address: _____

Group (if applicable) _____

Check In Date: _____ Expected Check Out Date: _____

Room Assignment (will be assigned during registration upon arrival at Camp) _____

Name of Volunteer Project: _____

Emergency Contact Name: _____ Number: _____

Please indicate any pertinent health information we should know in case of injury.

Date of last tetanus vaccination (must be within 9 years): _____

Current health conditions: _____

Allergies: _____

Current medications: _____
