

**CAMP CHIHOPHI 2020  
Registration for V-CHOPHI**

|   |   |
|---|---|
| Name  |   |
| Date of Birth   |   |
| Email address<br>PLEASE print clearly!  |   |
| Mailing address   | Street:<br><br>City, State, Zip:  |
| Phone number  |   |
| Parent/Guardian<br>phone number<br>(for campers/staff<br>under 18 years of age) |   |
| T-shirt size  | <input type="checkbox"/> Child small<br><input type="checkbox"/> Child medium<br><input type="checkbox"/> Adult medium<br><input type="checkbox"/> Adult large<br><input type="checkbox"/> Adult XL<br><input type="checkbox"/> Adult XXL |
| Consents<br>sign and return<br>consents   | <input type="checkbox"/> UPMC media consent<br><input type="checkbox"/> V-CHOPHI consent  |