

# Cazadero Performing Arts Camp *Medical Insurance ID Card Form*

Please place your medical insurance card on this form and photocopy.  
You may mail or fax this form to the cazadero office in Berkeley:

Cazadero Performing Arts Camp  
P.O. Box 7908  
Berkeley, CA 94707

or fax to:  
510-527-2790

Participant Name: \_\_\_\_\_  
Session Attending: \_\_\_\_\_  
Arrival Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Choose One:**

- Camper
- Staff
- Volunteer
- Guest Conductor
- Family of Staff/Vol/Conductor

Front of Card



Back of Card

