

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

