

Cazadero Performing Arts Camp
Medical Insurance I.D. 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 Perorming Arts Camp
P.O. Box 7908
Berkeley, CA 94707
or
Fax:(510) 527-2790

Camper Name: _____ Session Attending: _____

Your Phone #: _____ E-mail address: _____

(Front of card)



(Back of Card)



Important!

This information must be provided in order
for your child to attend camp.