

# SPECIAL ATTENTION CARD

Camper Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Church: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

This card completed by: \_\_\_\_\_

This camper has a need that CentriKid should be aware of:

- dietary  medical  mobility  
 emotional/spiritual birthday \_\_\_\_\_

Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Turn completed cards in to the Camp Director or Assistant Director.



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