

GROUP INFORMATION FORM KOWAKAN ADVENTURES

Group Name _____	Year _____
Group Contact Person _____	Phone # _____
Arrival Date/Time _____	Departure Date/Time _____
Total Number Coming _____	Leaders _____ Campers _____

Complete information for all who will attend KoWaKan Adventures and return **40 days prior to your arrival date**. Mail completed form to:
KoWaKan Adventures, 122 W. Franklin Ave., #400, Minneapolis, MN 55404

No.	Full Name	Youth (Y) or Adult (A)	For Youth: Grade completed by July	Male (M) or Female (F)	Health form enclosed? (X)	Special Needs (i.e. behavioral issues, disabilities, etc.) <i>Please list</i>	Vegetarian or Food Allergy? <i>Please list</i>
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Copy additional pages as needed

No.	Full Name	Youth (Y) or Adult (A)	<i>For Youth:</i> Grade completed by July	Male (M) or Female (F)	Health form enclosed? (X)	Special Needs (i.e. behavioral issues, disabilities, etc.) <i>Please list</i>	Vegetarian or Food Allergy? <i>Please list</i>
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