GATHERING OF THE CLANS
REGISTRATION FORM

AMTGARD INFORMATION (PLEASE PRINT)

PERSONA NAME: _____

CAMPING WITH?: _____

REAL NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: ( ) _____ - _____

DATE OF BIRTH: _____

MAKE AND MODEL OF VEHICLE: _____

LICENSE PLATE #: _____

EMERGENCY CONTACT

NAME: _____

PHONE: ( ) _____ - _____

RELATIONSHIP: _____

ADDITIONAL INFORMATION

RECORD MEDICAL NECESSITIES OR NEED TO KNOW INFORMATION TO BE USED IN CASE OF EMERGENCY

_____

_____

_____

_____

_____

_____

_____

_____

_____