

SOUTHERN TRUST COMPANY
6100 RED HOOK QUARTER, B-3
ST. THOMAS USVI 00802-1348

Fax Transmittal

To: CIRCLE F DUDE RANCH CAMP
From: ANNE RODRIGUEZ - CAMPERS [REDACTED]
Date: 5/21/15
Re: [REDACTED]
Fax No.: [REDACTED]

- Urgent
- For your information
- Please review
- As per your request

Total Pages (Includes Transmittal Sheet) 11 PAGES

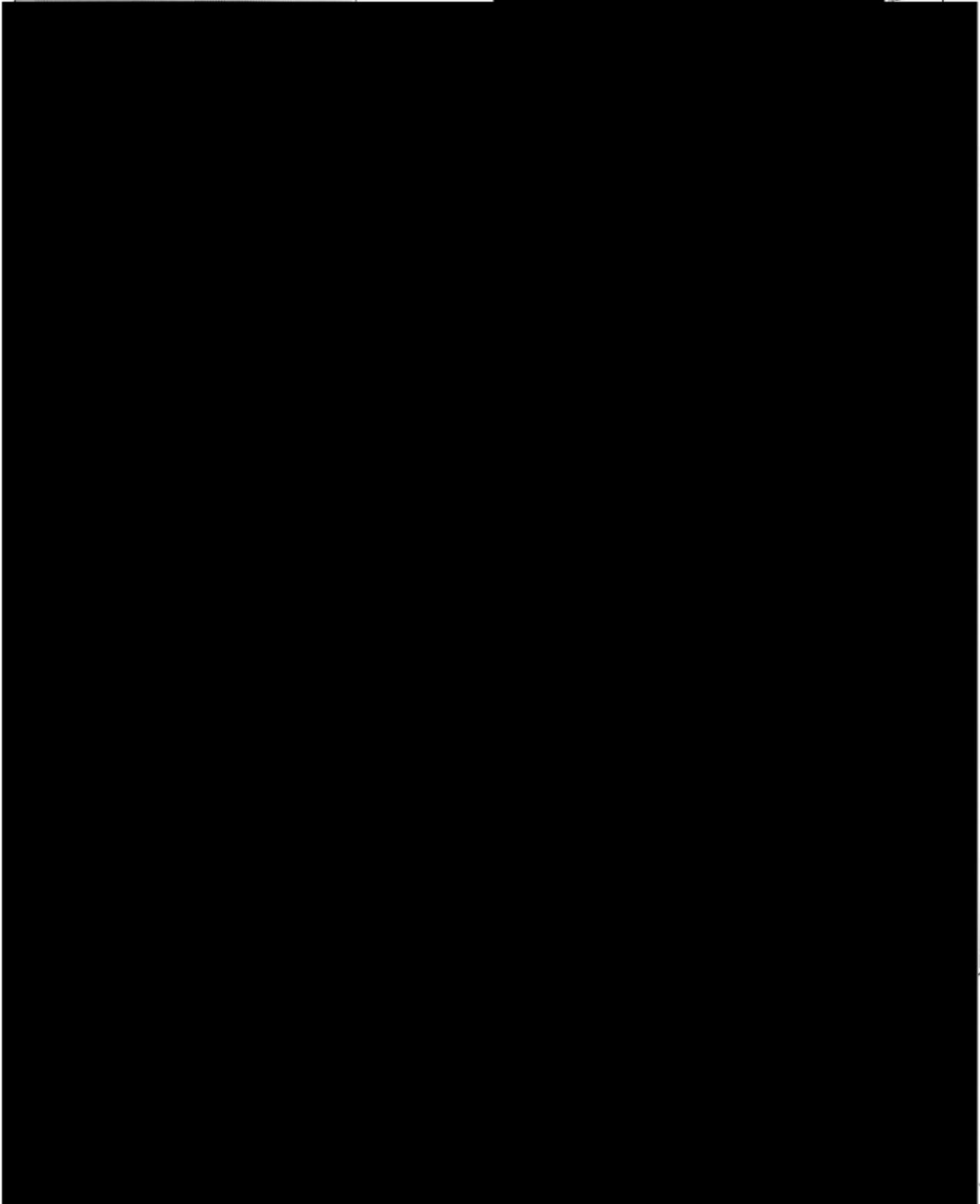
Comments:

CIRCLE F DUDE RANCH CAMP
Licensed Medical Professional
Camper Health Care Recommendations

To Parent/legal Guardians: Complete this section and give this form to your child's health-care provider for review.

Date will attend camp: From July 21st to August 1st

CAMP
OFFICE
USE ON-
LY



CAMPER NAME _____
CABIN _____
SESSION _____
(FORM B Health-Care Provider)

Health Care Professional must complete this form, sign, date, and provide license number

CAMP
OFFICE
USE ON-
LY

CAMPER NAME

Last Name

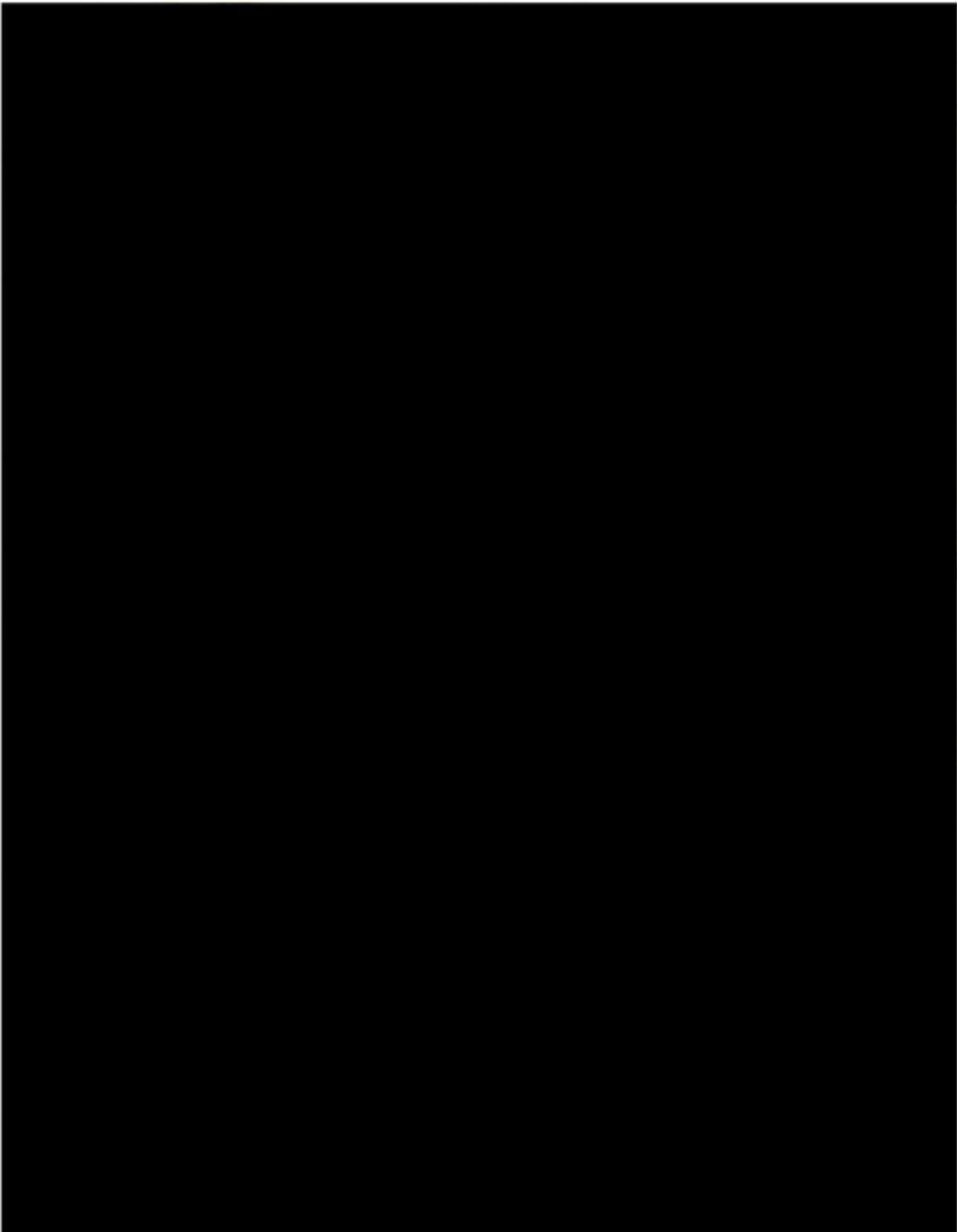
First Name

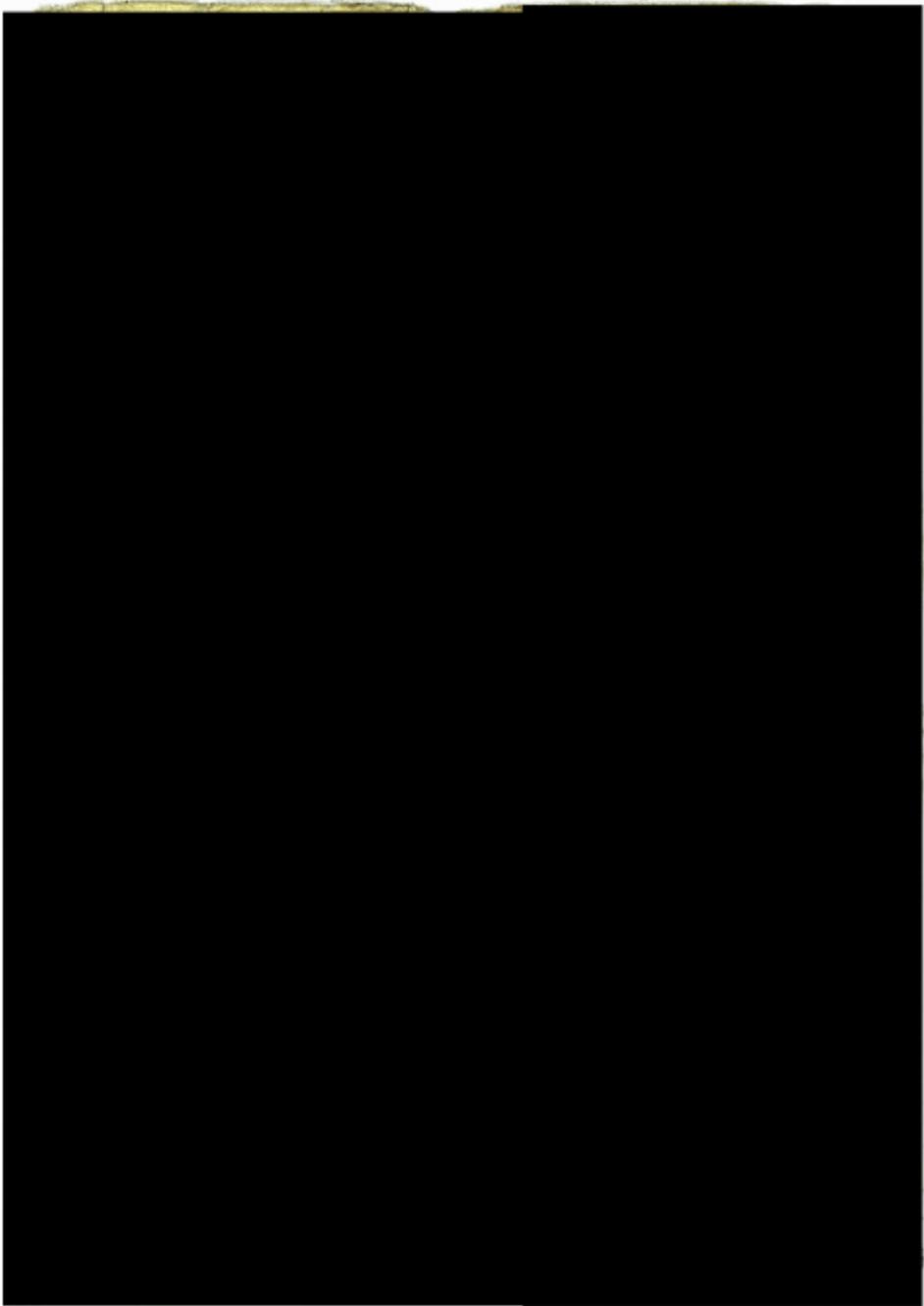
Middle Name

CABIN

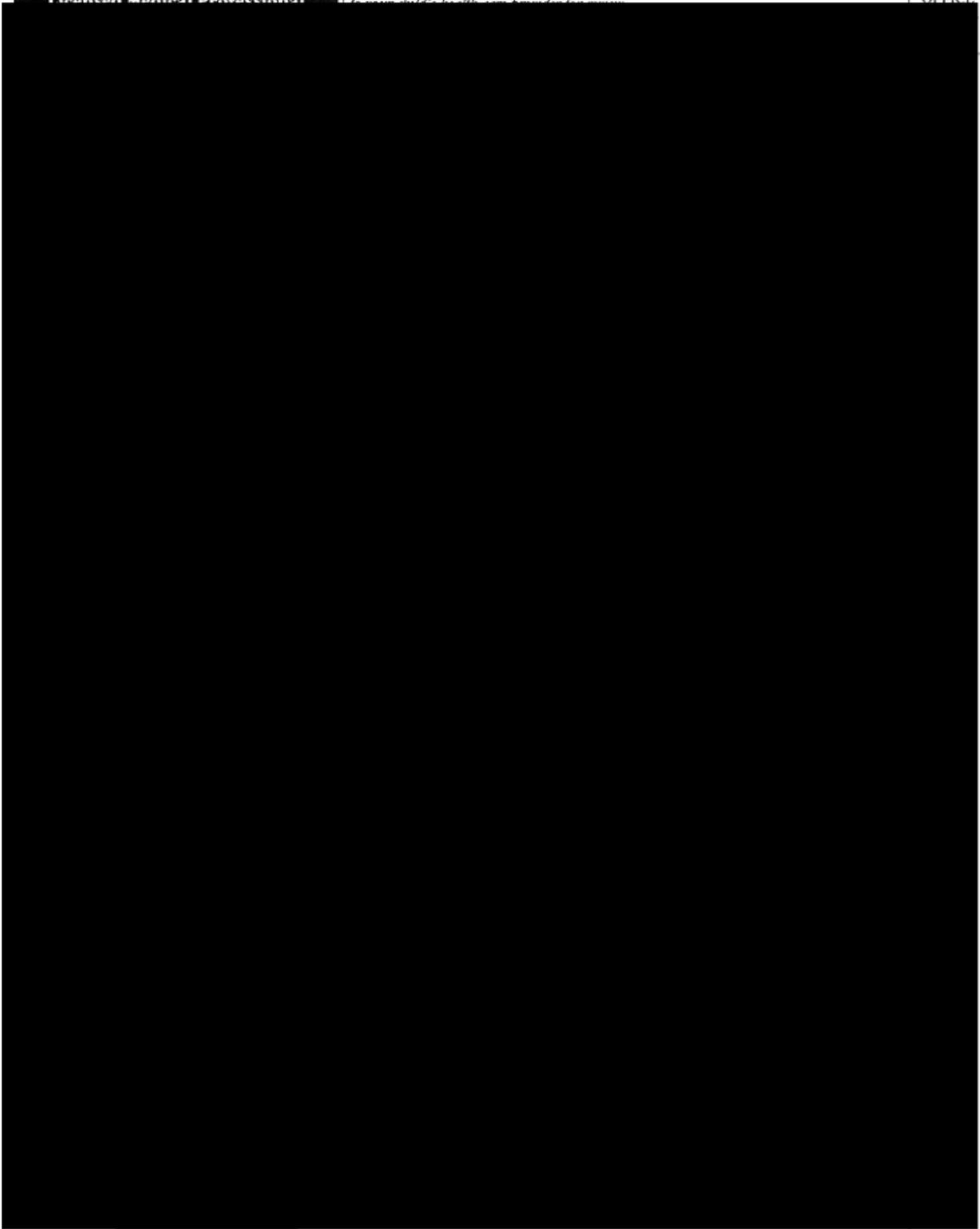
SESSION

(FORM C Standing Orders)





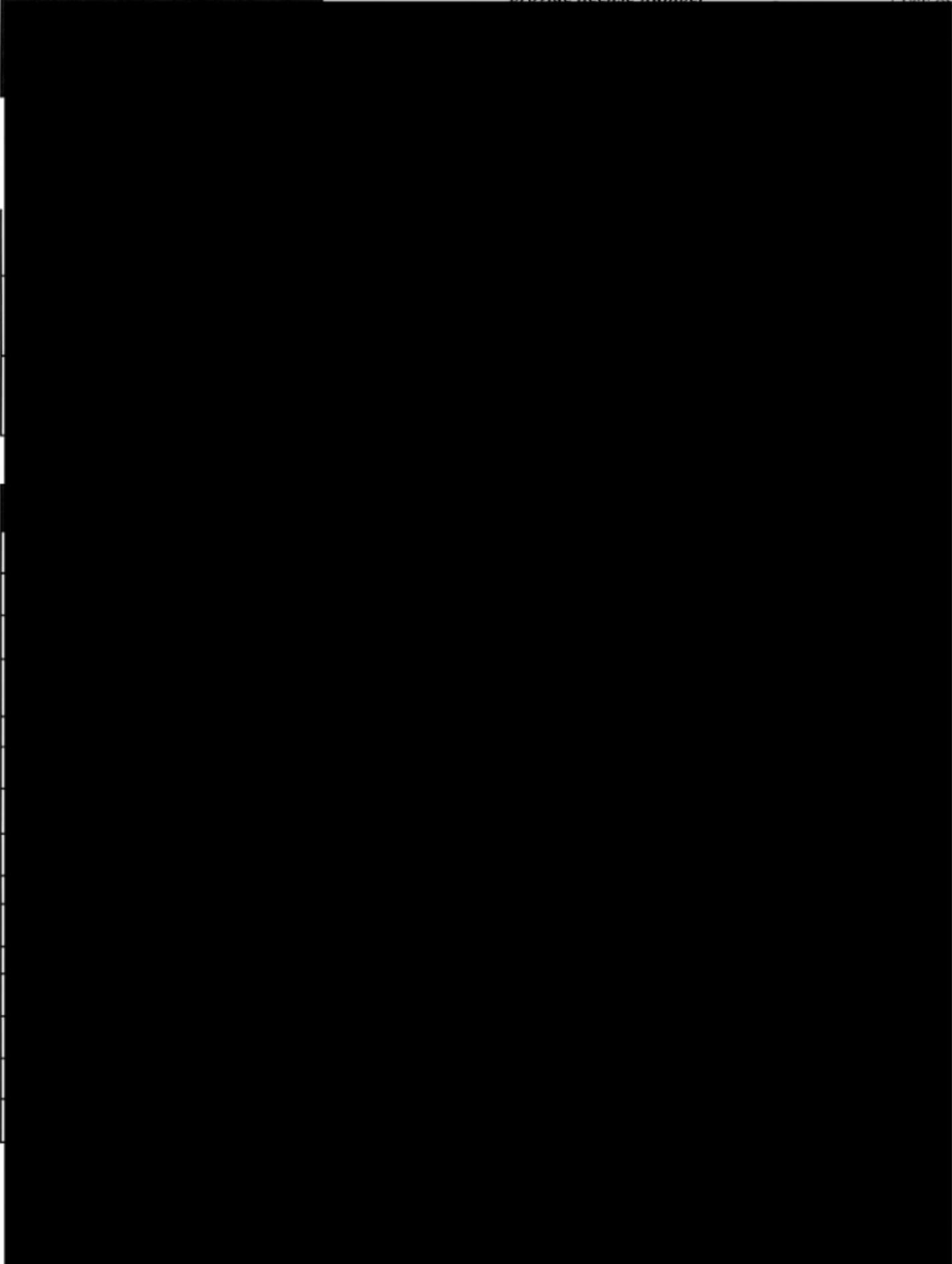


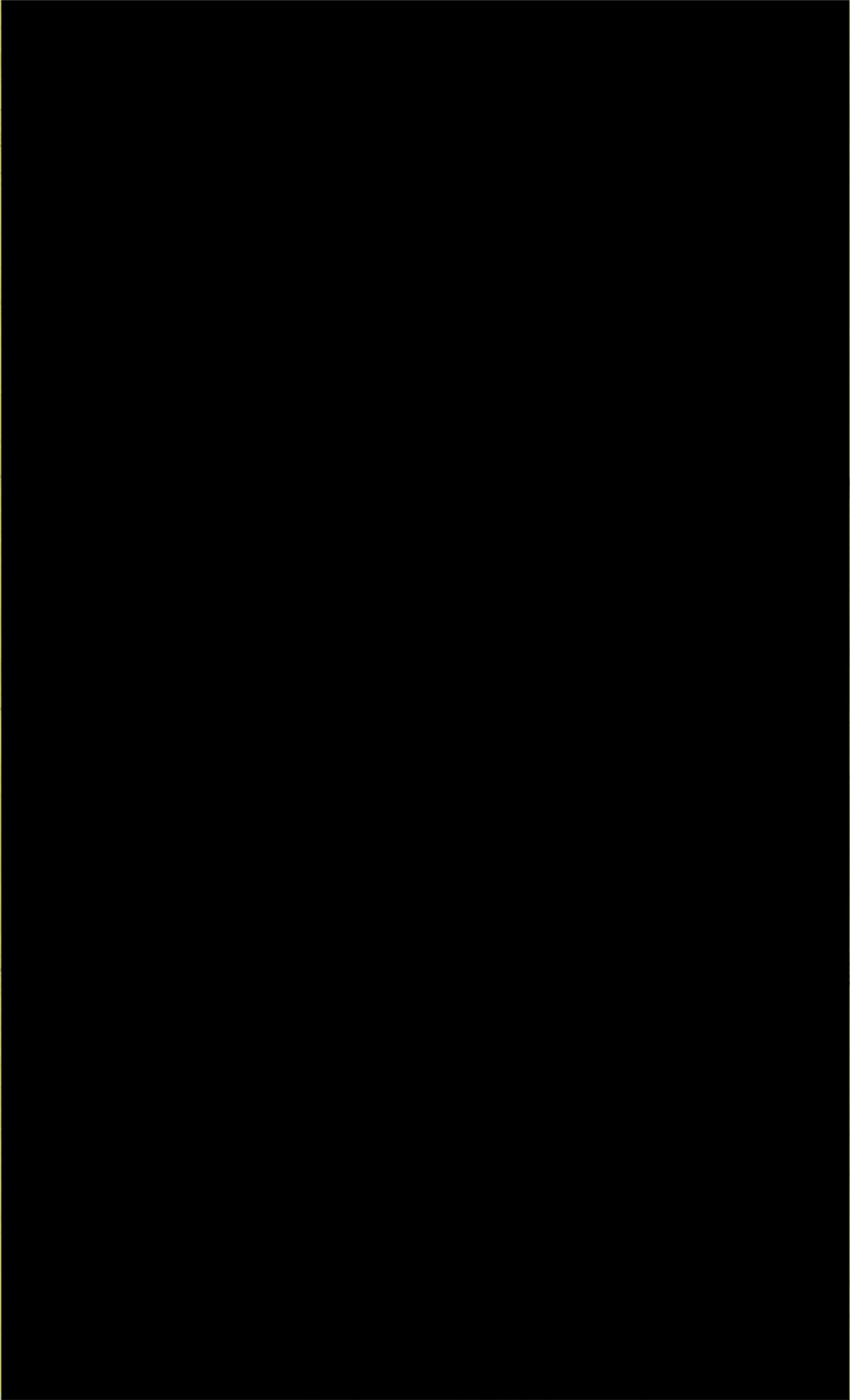


CIRCLE F DUDE RANCH CAMP

Health Care Professional must complete this form, sign, date, and provide license number

CAMP
OFFICE
1111-221-





Other Required Vaccines on Back



1

