

CAMP CEDAR - STAFF INSURANCE FORM 2012

**If filling this out on your computer, you can 'tab' through the form to complete the appropriate fields, save to your desktop, then attach in an email to jobs@campcedar.com or print out and fax to 1-617-277-1488.*

NAME:

Insurance Company name:

Address:

City:

State:

Phone:

Policy Number:

**** Please bring a copy of your insurance card to camp with you and deliver to the Health Center up arrival**