

Big Island 2012 Summer Music Camp

MEDICAL INSURANCE ID CARD FORM

Please place your medical insurance card on this form and photocopy.

Please mail this form to:

Island Digital Arts
PMB 349 16-540 Keaau-Pahoa Road, Ste. #2
Keaau, HI 96749

Participant Name: _____

Session Attending: _____

Arrival Date: _____

Phone Number: _____

E-mail Address: _____

Select one:

- Camper
- Staff/Volunteer
- Family of Staff

Front of Card



Back of Card

