



STAFF ALUMNI UPDATE FORM

Please return this form to the Camp Tawingo Office:

Mail: Camp Tawingo
1844 Ravenscliffe Rd
Huntsville, ON P1H 2N2

Scan & E-mail: alumni@tawingo.net
Fax: 705-789-6624

Primary Contact

Name: _____ Maiden Name (if applicable) _____

Tawingo Camper (Years: _____) VA/WJ (Year: _____) TLC (Year: _____)

Staff (Years: _____)

Birthdate: _____
Month Day

Contact Information

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-Mail Contact: _____

Telephone (Eve): _____

Spouse/Partner

Name: _____ Maiden Name (if applicable) _____

Non-Alumnus

Tawingo Alumnus

Tawingo Camper (Years: _____) VA/WJ (Year: _____) TLC (Year: _____)

Staff (Years: _____)

Children

Please indicate name(s)/age(s) and birthdate(s).

_____ / _____	_____
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

Is there any information that you wish to share? About yourself? Family? Children? Grandchildren?
