



REGISTRATION FORM

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

CELL \_\_\_\_\_ ALTERNATIVE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ AGE: \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ GRADE NEXT FALL \_\_\_\_\_

ALLERGY/MEDICAL CONDITION \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_

ARE YOU ABLE TO VOLUNTEER \_\_\_\_\_

PLEASE RETURN THIS REGISTRATION FORM WITH A CHECK FOR \$50 PER CHILD TO CHURCH OFFICE. CAMP IS LIMITED TO 50 STUDENTS. REGISTRATION DUE BY JUNE 9TH. ANY LATE REGISTRATION WILL BE \$60 PER CHILD.