

# Wilmington Holiness Youth Camp

## Adirondack Camp of the Rock

### Youth Camp Application/Registration

**Dates:** Monday – Saturday July 09 - 14

COST = \$45 (normal cost is \$90, this is a special for 2018!)

*Partial Scholarships are available*

**Contact Mrs Joyce Terry at [joyce.terry38@gamil.com](mailto:joyce.terry38@gamil.com)**

**Ages: Just completed 6<sup>th</sup> grade through just completed 12<sup>th</sup> grade**

**Registration Time: 10:00 am Mon. 7/09 Check-out Time: 1:00 pm Sat 7/14**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ M/F \_\_\_\_\_

Shirt Size: (Adult) S M L XL

Address \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent's Names: \_\_\_\_\_  
Mother \_\_\_\_\_ Father \_\_\_\_\_

Parent's Phone: \_\_\_\_\_  
Mother \_\_\_\_\_ Father \_\_\_\_\_

Your email: \_\_\_\_\_

Home Church: \_\_\_\_\_

School: \_\_\_\_\_ Grade just completed \_\_\_\_\_

#### **Approval of Parent / Guardian**

I hereby approve the camp application and expressly waive any and all claims against the Wilmington Interdenominational Holiness Camp Meeting Association, or to the person or property of the applicant in connection with or incident to the 2018 Youth Camp.

In the event camp personnel are unable to locate me promptly in an emergency situation involving the applicant, I authorize camp authorities to take such emergency measures as they deem appropriate in order to avoid delay of treatment, I understand I will be notified as soon as possible.

Signed \_\_\_\_\_ (parent of legal guardian)

Camper's Name (printed) \_\_\_\_\_ Date \_\_\_\_\_