

Camp 5-6: "Maker Mania"

Registration Form

July 10 - 14, 2017



Name: _____

Gender: _____

Birth Date: _____ **Age:** _____ **School Grade just completed:** _____

Street Address : _____

City, State, Zip : _____

Home Phone #: _____ **Email address:** _____

Mom's Name: _____ **Dad's Name:** _____

Mom's Cell #: _____ **Dad's Cell #:** _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Allergies or Other Medical Conditions:

If your child has a food allergy, do you plan to bring his/her own snack each day? Yes ___ No ___

Name of other person child would like to be grouped with: _____

Name of church you regularly attend, if any: _____

Permission to use child's photo in the daily and closing program slide shows?
(please circle) Yes / No

****T-shirt included in registration cost. Please mark size below. Order Deadline June 25th****
Medium (10-12) ___ Large (14-16) ___ Adult S ___ Adult M ___ Adult L ___

****Dinner each night provided****

Registration Fee = \$20 per child / \$45 family max

FOR CHURCH USE ONLY:	
Date Paid _____	Ck # _____ Amount of Ck _____ Initials _____
Group Name _____	Date CD Given _____