

Fall/Winter/Spring Camp Registration Form					
Name:		Cost of Camp			
Address:(street/po)		Church Billing			
(city)		Amt. paid			
(state)		Balance Due			
(zip)		Paid by	check#	Cash	CC#
Phone Number:	Please list all medical conditions & medications			Exp. Date:	
Church:					
Emergency contact & phone #:					
Parents Names:					
Male Female (circle one)					
Current Grade:					