

CAMP ANDREW REGISTRATION FORM

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

DATE OF BIRTH: _____ SCHOOL GRADE ENTERING IN FALL: _____

SIGNATURE: _____
(PARENT OR GUARDIAN)

ADDRESS: _____
(IF DIFFERENT FROM ABOVE)

DAYTIME TELEPHONE #: _____

CELL or EVENING TELEPHONE #: _____

ALTERNATE CONTACT'S NAME: _____ RELATIONSHIP: _____

ALTERNATE CONTACT'S PHONE #: _____

Will your camper be transported to OR from Camp via the Church Bus?

TO: YES NO

FROM: YES NO

If yes, to either to either question, please provide a contact phone number to be used in the event that travel plans change, or if arrival time at church needs to be verified.

CONTACT PHONE NUMBER: _____

NOTES:

Campers must be entering the 4th grade or above in order to be eligible to register for camp.

All registration packets must be accompanied by a completed medical form.