

## Living & Learning in God's Beautiful Creation!

## **Registration Form**

Childs Na	ime		
Age			M F
Address (please include Code)	e City, Province and Postal		
Hospitali	zation Number		
-	ealth problems, or special needs		
Parent/Guardian Name			
Home and Work Phone #			
Emergency Contact			
Please select which camp		☐ July 7-12 – ages 8-10 ☐ July	y 14-19 – ages 11-14
How did	you hear about us	☐ Previously attended☐ Family/Friend☐ Church	☐ Advertisement☐ Other
a disc accep • The C	count, you may mail in a oted up until the day the Camp Director reserves t	reservation deposit of \$10.00 camping week starts. he right to dismiss any campe	cal fee by June 15. If you are not applying for D, OR based on openings, registrations will be er who, in their opinion, is a hazard to the ected the reasonable controls of the camp.
		uthority to act on my behalf notified as soon as possible.	in case of an emergency, including medical
	ereby grant permission to ing camp.	o use, for promotional purpo	ses, photographs, or videos of my child take
Parent/Gu	ardian Signature		ate