

CONTRACT CONFIRMATION CAMP

SUNDAY, AUGUST 26 to FRIDAY, AUGUST 31, 2012

CAMPER REGISTRATION FORM

NAME: _____ AGE: _____

ADDRESS: _____

TELEPHONE: (_____) _____

DATE OF BIRTH: _____ / _____ / _____
Day Month Year

PARENT(S) NAME(S): _____

ALTERNATE CONTACT:

NAME: _____

TELEPHONE NUMBER: (_____) _____

Signature of Parent: _____

Signature of Confirmand: _____

Date: _____

PLEASE RETURN TO YOUR PASTOR

BY

MARCH 27, 2012

