

STUDENT SUMMER CAMP

BELONG . BELIEVE . BECOME

June 3-6, 2018

Student's Name: _____ Cell Phone: _____

Address: _____ Home Church: _____

School: _____ Grade: _____ Birth Date: _____

Emergency Contact: _____ Phone: _____

Shirt Size (circle one): Small Medium Large X-Large XX-Large 3XL

My friend _____ invited me to Student Summer Camp 2018.

Cost: \$245 before May 1th, 2018 or \$270 after May 1th, 2018

All attendees must fill out a 2018 Parental Consent & Medical Release form (notarized).

For office use only:

Amount Paid: _____ Check Cash

Permission Form Signed and Notarized: Yes No