

CENTENARY CAMP REGISTRATION

Overnight Camp

July 8th – July 13th, 2012

CAMPER DATA

Camper's Name _____
(First) (Middle) (Last)

Camper's Primary Address _____
(Street/PO Box) (City) (State) (Zip)

Name for Name Tag: _____ Male _____ Female _____ Date of Birth _____

Camper's Grade in Sept. 2012 _____ Camper's Primary Phone No. () _____

Camper's email address _____ Cell No. () _____

FAMILY DATA

Guardian's Name(s) _____

Relationship to Camper _____

Who does the Camper live with? Both Parent _____ Mother _____ Father _____ Other _____

Emergency contact if parent/guardian cannot be reached

(Name) (Phone) (Relationship to Camper)

May Camper be released to anyone other than the custodial parent/guardian? Yes _____ No _____

If yes, please list names _____

HEALTH INFORMATION

Food /Allergies: _____

Medical/Physical Needs or Allergies: _____

_____ Check here if there are other special needs, please attach a separate piece of paper explaining those needs in detail.

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GENERAL INFORMATION

Church Name & Address attending: _____

CAMP DATES: Sunday, August 8, 2012 through Friday, August 13, 2012

TOTAL COST FOR CAMP WEEK: \$185.00 PER PERSON

Please Remit Application & Payment to: Centenary Camp – 371 Centenary Camp Rd., Quincy, FL. 32352
Any balance remaining will be paid on or before arrival of the camper.

AUTHORIZATION (SIGNATURE OF PARENT/GUARDIAN)

I give permission for my child to be photographed and for the camp to use the pictures for publicity purposes.

I give my permission for my child to attend Centenary Camp and to participate in all of the activities of the camp including swimming in the swimming pool.

Print Name: _____

Signature: _____

Any questions, contact Donna Bruns at telephone number (850)590-2743 or email centenarycamps@tds.net

