

St. Maron's Church Bible Camp 2014 Registration

Family Last Name:.....

Camper 1's Name:.....**Date of Birth:**.....

Medical conditions /allergies/special needs:.....

T-shirt Size: X-Small Small Medium Large

Camper 2's Name:.....**Date of Birth:**.....

Medical conditions /allergies/special needs:.....

T-shirt Size: X-Small Small Medium Large

Camper 3's Name:.....**Date of Birth:**.....

Medical conditions /allergies/special needs:.....

T-shirt Size: X-Small Small Medium Large

Mailing Address:.....

Home phone:.....

E-mail address:.....

Guardian's/ParentsName:.....

Home phone number:.....

Cell phone number:.....

In case of emergency, please list one person other than parents. (Parents will be notified first!)

Name:.....**Relationship to camper:**.....

Home Phone:.....**Cell phone:**.....

Authorization to pick up camper:

Please list the people who are authorized to pick up your child up from the camp

(*including yourself), if they are not on this list we will not release your child to them. They must be prepared to show proper identification.

Name :..... **Relationship to camper**.....

Name :..... **Relationship to camper**.....

Name :..... **Relationship to camper**.....

Name :..... **Relationship to camper**.....

May we take pictures of your child for Bible Camp purposes? Yes No