

Application for Calvary Evangelistic Center Youth Camp July 18-21, 2011

Cost per person: \$50.⁰⁰ or \$40.⁰⁰ if registration & money is received by June 27th.
Ages: 11 and up (Must be 11 by September 1)

NAME: _____

ADDRESS: _____

AGE: _____ BIRTHDATE: _____ ___MALE ___FEMALE

CHURCH: _____

PASTOR'S NAME: _____

PASTOR'S PHONE: _____

PASTOR'S SIGNATURE: _____

PARENT/GUARDIAN'S NAME: _____

HOME PHONE NUMBER: _____ WORK PHONE: _____

Have you been to Youth Camp before? _____ Are you saved? _____

Do you have any physical problems or allergies that we should be aware of?

LIST: _____

We give permission for our child to be treated in case of any emergency.

FATHER: _____

MOTHER: _____

LEGAL GUARDIAN: _____

I have read and will abide by all the camp rules: _____

(Camper's Signature)