

DAY CAMP @ CAMPCAROLWOOD
Registration 2010

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

Address: _____

City: _____ State: _____ Zip: _____

Phone Mom: (day) (____) _____ (cell) (____) _____

Phone Dad: (day) (____) _____ (cell) (____) _____

Parent's Email: _____

Birth date of Camper: _____ Age: _____ Gender: _____

School Grade Fall, 2010: _____

T-Shirt Size (Circle): Youth/ Adult (Circle): Sm / Med / Lg / XL / XXL

Church Name: _____

Church City, State: _____

UMC District (If Applicable): _____

Camp Cost: \$ 105 before May 15; \$135 after May 15

REQUIRED: Deposit Enclosed: \$ 30 _____ Camp Payment in Full: \$ _____ (Due May 15)

*Space limited to first 30 campers.

(*Make checks payable to First United Methodist Church of Newton)

I have read, understand and agree to abide by the policy information and grant permission to use photographs and/or video recordings in which campers appears for future promotions of Camp Carolwood or First United Methodist Church of Newton; to release medical records to Camp Director or Church Designee if above camper needs medical treatment.

Parent/Guardian #1 (please print)

Parent/Guardian #2 (please print)

Signature of Parent/Guardian

Date

Signature of Camper

Date

Please supply both parent names. Only one parent signature and camper signature required. Thanks!

For Registration to be complete, please include:

This Registration form ___; Deposit/Payment ___; HIPPA form ___; Health History Form ___;

Copy of Insurance Card ___