

Registration Form for Camp Discovery July 13 - 16

Name (s) and age (s):

_____	_____
_____	_____
_____	_____
_____	_____



Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____ Cell phone: _____

Home e-mail address: _____

Number of family members participating in Camp Discovery: _____

Will parents be helping in other areas of Camp Discovery? _____

Where? _____

In case of emergency, contact: _____

Allergies or other medical conditions: _____

Home church: _____

Name of a special friend your child might like to be with: _____

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