



SCUBA CAMP 2024 REGISTRATION FORM
CHILDREN AGE 3 THROUGH GRADE 5
AUGUST 19TH-23RD FROM 9:00AM - 12:00PM
ONE REGISTRATION FORM PER PERSON



CAMPER'S NAME: _____

ADDRESS: _____

CITY & ZIP CODE: _____ PHONE: _____ D/O/B: ___/___/___

AGE: _____ SCHOOL GRADE COMPLETED 6/2024: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PREFERRED PHONE: _____ ALTERNATE PHONE: _____

EMAIL: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PREFERRED PHONE: _____ ALTERNATE PHONE: _____

EMAIL: _____

PERSON/S AUTHORIZED TO PICK UP YOUR CHILD BESIDE PARENT/GUARDIANS LISTED ABOVE:

NAME: _____

PHONE: _____ RELATIONSHIP TO CHILD: _____

NAME: _____

PHONE: _____ RELATIONSHIP TO CHILD: _____

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP TO CHILD: _____

MEDICAL CONDITIONS, ALLERGIES, SPECIAL NEEDS: (CONTINUE ON BACK IF NEEDED)



PAYMENT DUE BY JUNE 14, 2024

_____ CHILD/CHILDREN @ 50.00 PER CHILD
 _____ STREAMING CARDS OR _____ CDS AT \$7.00 EACH
 _____ TOTAL

CHECKS PAYABLE TO: ABIDING PRESENCE LUTHERAN CHURCH

4 TRECOTT PATH, FORT SALONGA, NY 11768

ANY QUESTIONS, CALL OUR OFFICE (631) 269-6454 OR EMAIL AUBREY.MINTON@GMAIL.COM

FOR OFFICE USE

CHECK# _____

TOTAL AMOUNT _____

RECEIVED ON _____

YOUTH SHIRT SIZE

_____ SMALL (2-4)
 _____ MEDIUM (6-8)
 _____ LARGE (10-12)
 _____ X-LARGE (14-16)

ADULT SHIRT SIZE

_____ ADULT SMALL
 _____ ADULT MEDIUM
 _____ ADULT LARGE
 _____ ADULT XLARGE

