

APLC Camper Registration 2025- One per camper

Camper's Information.....

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

DOB: ____/____/____ Age: ____ School Grade Completed 6/2025: ____

Siblings _____

Parent/Guardian.....

Parent/Guardian Name: _____

Preferred Phone: _____ Email: _____

Parent/Guardian Name: _____

Preferred Phone: _____ Email: _____

Emergency Contact (If parents cannot be reached)

Name _____

Phone: _____ Relationship to Child: _____

Authorized Pickup.....

Person/s authorized to pick up your child beside parent/guardians listed above:

Name _____

Phone: _____ Relationship to Child: _____

Name _____

Phone: _____ Relationship to Child: _____

Medical Conditions.....

Medical Conditions, Allergies, Special Needs:

APLC Camp Registration Payment

Camper or Volunteer Name

Name _____

Name _____

Name _____

Name _____

Name _____

One shirt per participant

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 X-LARGE

How did you hear about us?

___ Friend or Family (Name) _____

___ Printed Ad ___ Social Media ___ Church bulletin ___ Preschool

PAYMENT due by June 13, 2025

Cash or Checks Payable To: Abiding Presence Lutheran Church

___ Camper- \$65.00 each

___ Volunteer -\$20.00 each

Additional purchase options

___ Streaming Cards- \$7.00 each

___ CDs- \$7.00 each

___ Small Blanket 30 x 40 \$12.00 each

___ Water Bottle \$7.99 each

FOR OFFICE USE

CHECK# _____

CASH _____

TOTAL AMOUNT _____

RECEIVED ON _____



TOTAL AMOUNT ENCLOSED

4 Trescott Path, Fort Salonga, NY 11768 Any questions, call our Office (631) 269-6454 or
email Aubrey.minton@gmail.com