



FBC Amped Teen Ministry

Registration Form

AMPED CAMP

Event Name: **Camp Lael**
Event Date: **August 8-10th**
Event Location: **2062 Ferns RD**
Lapeer, MI 48446
810-664-6795

Personal Information

Participant Name	DOB ____/____/____ Age ____	
Parent/Legal Guardian Name		
Contact	Mobile Phone	Email
Address		
Emergency Contact	Mobile Phone	

Additional Information

Do you have any dietary restrictions?	☐ Yes (Please specify): _____	☐ No
Do you require any special accommodations?	☐ Yes (Please specify): _____	☐ No
Allergies	Allergies ☐ Yes (Please specify): _____	☐ No
Medications		

Registration Fee: \$20.00

Payment Method : ☐ Cash ☐ Check : _____

Parent/Legal Guardian Signature