

XTREME 2017

CAMP REGISTRATION*

6th-12 grade (completed)

NAME: _____

CURRENT GRADE (before June): _____

INVITED BY: _____

AGE: _____ GENDER: M F

FIRST TIME: Y N CHURCH MEMBER: Y N

IF NOT, WHAT CHURCH: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

CELL: _____

EMAIL: _____

**additional forms required*