Maysville Wesleyan Youth Camp 2019 Registration Form

Name: _____, _____
(Last) (First)

Gender: ____ Male ____Female Date of Birth: _____/_____/____
Age: _____ Grade Entering: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Payment Received
Camp Fee $_____
Discounts $_____
(purpose of discount)
_____
Amount Paid $_____
Cash or check: _____
Room # _____

Parents/Guardian: Father Mother
Name: _____ _____

Address: _____ _____

Email Address: _____ _____

Phone Home: _____Cell: _____ Home_____ Cell: _____

Work Phone: _____ Work: _____

Emergency Contact: Name: _____ Relationship: _____

Address: _____Phone: _____

Name of Home Church: _____ T-Shirt Size: _____

I would like to be on a team with: (list up to 2-3 friends) _____
I would like to room with: (list up to 2-3 friends) _____
[Note: We can't guarantee you will be with them but it helps us to make assignments]

Break Out Session Preference: 1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Options
Quest Academy: *Live the Adventure!*
Prayer
(others will be available closer to camp time)

I give my child permission to participate in all activities at the Maysville Wesleyan Youth Camp 2018.
I have reviewed the Code of Conduct with my child so that we both understand the expectations.

_____ _____
Parent/Guardian Date