2010 ADULT REGISTRATION FORM

Camp & Retreat Ministry – CPC

Name _____ Male _____ Female _____

Address _____ DOB _____

City _____ State ____ Zip _____

Email Address _____

Home Phone ( ) _____ Cell Phone ( ) _____

Bunkmate _____

T-shirt size **(circle one)** Adult Small Medium Large X-Large 2XL 3 XL

Camp Choice: Date _____ Site _____

Description _____

Church Name _____ District _____

Church City _____

Emergency contact person _____

Relationship to camper _____

Phone No ( ) _____ Cell Phone ( ) _____

Health Insurance Co. _____

ID/Policy No. _____ Group No. _____

Dietary needs/food allergies _____

Health issues we should know: Diabetes _____ Heart Disease _____ Asthma _____

High Blood Presure _____ Others _____

Individual Payment $ _____ Church Payment $ _____

PLEASE READ CAREFULLY – I do give permission for my name, address, phone number, and email address to be shared with other persons in this retreat experience. **I do** give permission for still or video pictures of me to be used for camp promotional purposes.

_____ _____

(Your Signature) (Date)

FOR OFFICE USE ONLY:	Date Received _____	Date Processed _____
	Camp # _____	Fee_____
	Deposit Amt. _____	Check # _____
	2nd Payment Amt. _____	Check # _____
	Church Payment _____	Check # _____