

JUNIOR ON CAMPUS REGISTRATION

NAME	JULY 4-7
GENDER (M) (F	TOTAL DUE \$160
AGE DURING CAMP BIRTHDAY/	PAYMENT TYPE (CASH CHECK)
ADDRESS	USE
CITY STATE ZIP KNOWN MEDICAL CONDITION(S) WE SHOULD BE AWARE OF:	OFFICE
EMERGENCY CONTACTS	
#1 PARENT/GUARDIAN	
#2 PARENT/GUARDIAN	
#2 OTHER	
relationship	
CHURCH AFFILIATION	
PASTOR CHURCH NAM	E
1. HAVE YOU RECEIVED THE GIFT OF THE HOLY GHOST? Y 2. HAVE YOU BEEN BAPTIZED IN JESUS' NAME? Y N	
Please circle your T-shirt size below so we can try to have T-shirts are guaranteed for those who registered early online.	
YOUTH XS S M L XL (ADULT XS S M L XL 2XL 3XL 4XL)	