



SENIOR + FAMILY ON CAMPUS REGISTRATION

NAME	JULY 10-14
GENDER M F	TOTAL DUE \$170 PAYMENT TYPE
AGE DURING CAMP BIRTHDAY/	CASH CHECK
ADDRESS	USE
CITY STATE ZIP	DEFICE L
MOBILE PHONE () KNOWN MEDICAL CONDITION(S) WE SHOULD BE AWARE OF:	
#1 PARENT/GUARDIAN	()
RELATIONSHIP	
PASTOR CHURCH NAN	ЛЕ
1. HAVE YOU RECEIVED THE GIFT OF THE HOLY GHO 2. HAVE YOU BEEN BAPTIZED IN JESUS' NAME?	OST? (Y N 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 2X)	