



2019 REGISTRATION FORM

Camper Information

Camper Name: _____

Gender (circle): Male - or- Female

Grade Camper will begin in Fall 2017: _____

Contact Information

(Please enter all contact information for the Parent or Guardian who should be contacted regarding this Child's registration.)

Name of Parent(s) or Guardian(s):

Street Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone Number: _____

Parent Cell Phone Number: _____

Email Address: _____

Miscellaneous Information:

Camper T-Shirt Size (Circle): YM YL S M L XL XXL

Cabin Buddy Request: _____

(Please only one buddy request. We try our best to honor all buddy requests, however we cannot guarantee it.)

Is this camper a member at Grace Lutheran Church (circle): Yes -or- No

If not a Grace Member, church affiliation, if any: _____

How did you hear about Grace Summer Camp:

What name does this camper go by? _____

(i.e. if camper's name is Nicholas but goes by Nick – put Nick here)

If Camper has any food allergies, please them here:

Signature of Parent/Guardian

Date

Please remember that in order for your child to be considered registered for camp you must do the following:

- Fill out a separate registration form for each camper
- Submit a payment
- Provide a completed health form