



Ignite Your Faith Teen Camp August 19-23, 2009 COUNSELOR REGISTRATION

For office use only:

Paid _____ Check # _____ Notes _____

Please fill out the form below and send with a check for \$115.00 (made out to Church of Christ). Mail to the attention of Kevin Bearly, Teen Camp Director. It must be received no later than August 9. ***If received by July 23, cost is only \$100!***

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Age _____ Grade _____ Gender _____ T Shirt Size S M L XL XXL

Church Home _____

MEDICAL INFORMATION

Med. Insurance Co. _____ Number _____

Primary Care Physican _____ Phone _____

Allergies _____

Medical conditions or limitations _____

Prescription medications and instructions _____

(Medications must be labeled and given to the camp nurse upon arrival)

EMERGENCY CONTACTS

Parent or Guardian _____ Phone _____

Relative or Friend _____ Phone _____

**Newland St Church of Christ
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