

CAMP CAUDLE REGISTRATION FORM

Camper's Name _____ Session Name: _____ Session Date: _____

Boy Girl School Grade ('10-'11) _____ Birthdate _____ Age _____

Parents _____ Phone _____

Address _____
Street and/or Box City State Zip

E-mail _____ Home Congregation _____

T-Shirt Sizes (Please circle one) Youth S Youth Med Youth L Adult Sm
Adult Med Adult L Adult XL

In case of medical emergency, we need to know your social security number _____

Allergies or other pertinent information we should know about _____

Family Health Insurance Carrier _____ No. _____

Note to Parents: Signature of parent or guardian below authorizes CCCC to see that the applicant is taken to a doctor or hospital for emergency treatment in the event of an accident, or injury while attending camp. It is also agreed that CCCC, it's directors, trustees, officers, or attendants will not be held legally responsible for such accident or injury.

Date _____ Signature of Parent or Guardian _____

Is your fee enclosed? Minimal \$10 DEPOSIT REQUIRED for application to be accepted.

Deposit returnable upon request if cancellation is received two weeks before camp session starts. Balance to be paid on arrival.

RESERVATIONS ARE MADE ON A FIRST COME FIRST SERVE BASIS

PLEASE MAIL FORM AND PAYMENT TO: 857 SR 164 N • Hector, AR • 72843