

2010 CAMP ENROLLMENT FORM

Camper information

Camper's name: _____
Last First

Gender: _____ Grade Completing: _____ (June 2010)

Camper's Birth Date: ____/____/____ Age in June: _____

Home Phone: (____) _____

Street: _____

City: _____ State: _____ Zip: _____

Camper's Email Address; _____ (____) No Email

T-Shirt Size (Circle one) Child: S M Adult: S M L XL XXL

"Shuttle Please" _____ add \$30.00 per camper (a minimum of 5 for shuttle to run)

Parent/Guardian Information

Camper lives with: ___Mother ___Father ___Both ___Other Relationship to camper _____

Mother's/Guardian's Name: _____

Daytime Phone :(____) _____ Type

Nighttime Phone: (____) _____ Type

Father's/Guardian's Name: _____

Daytime Phone :(____) _____ Type

Nighttime Phone: (____) _____ Type

Emergency Contact (person other than listed above, in case we can't reach you)

Name: _____

Relationship to camper: _____

Daytime Phone:(____) _____ Type

Nighttime Phone: (____) _____ Type

General Information

___ Camper has a dietary restriction: _____

Has camper attended Summer Camp at Mound Ridge before? ___

Has parent/guardian attended Summer Camp at Mound Ridge before? ___No ___Yes as camper ___Yes as staff/volunteer

Camper attends a church? _____ Name of Church: _____

City: _____ Pastor's Name: _____

_____ I have notified my pastor of my child's enrollment.

SIDE A

Please complete both Sides and return with *full payment* or a \$50.00 deposit to:

Mound Ridge Camp
Camp Registrar
31 Agape Lane
Cook Station, MO 65449

Ph: (573) 265-3098

Fax (314) 558-7949

Please Note:

\$50.00 deposit *does not* secure early bird rates; full payment must be postmarked by the deadline dates to receive early bird discounts.

All forms are available at

www.moundridge.org