

Father/Child Camp

2010 Registration Form



June 4-6, 2010

Cost \$245

Additional campers \$90

at Rainbow Christian Camp

Converse, IN

www.rainbowcamp.org

Parent Information

Name: _____

Address: _____

City, State, Zip: _____

Phone 1 (____) _____ - _____

Phone 2 (____) _____ - _____

Email _____

Camper Information (Additional campers? Please add on back!)

Name: _____

Allergies?

Address (if not same as above): _____

City, State, Zip: _____

Gender _____ Date of Birth _____

Medical info

Grade in Fall 2010 _____

We need to know

Alternate Emergency Contact: _____

Alternate Emergency Phone: (____) _____ - _____

Payment & Release Info

Event Cost: \$245 (for 1 Father and 1 child)

Additional Cost: \$90 (for each additional camper)

Please make checks payable to "Delphi UMC".

Camp starts

at Noon Friday

Camp ends

at 1pm Sunday

*I realize that I will be responsible for my child(ren) during this camp.

I will be responsible for any regular medications that my child needs.

Also, I understand that pictures/video will be taken of my child for promotional purposes by Delphi UMC.

***Father's Signature**

Date: _____

Additional Camper Information (2)

Name: _____

Allergies?

Address (if not same as above): _____

City, State, Zip: _____

Gender _____ Date of Birth _____

Medical info

Grade in Fall 2010 _____

We need to know

Alternate Emergency Contact: _____

Alternate Emergency Phone: (____) ____ - _____

Additional Camper Information (3)

Name: _____

Allergies?

Address (if not same as above): _____

City, State, Zip: _____

Gender _____ Date of Birth _____

Medical info

Grade in Fall 2010 _____

We need to know

Alternate Emergency Contact: _____

Alternate Emergency Phone: (____) ____ - _____

Additional Camper Information (4)

Name: _____

Allergies?

Address (if not same as above): _____

City, State, Zip: _____

Gender _____ Date of Birth _____

Medical info

Grade in Fall 2010 _____

We need to know

Alternate Emergency Contact: _____

Alternate Emergency Phone: (____) ____ - _____