

Father Son Registration 2017

Saturday, October 14, 9a—Sunday, October 15, 1p

“Everyday Heros”

Name _____ DOB ____ / ____ / ____
 First **Last**

Son _____ DOB ____ / ____ / ____ Grade _____
 First **Last**

Additional person _____ DOB ____ / ____ / ____ Grade _____
 First **Last**

Address _____
 Street **City** **State** **Zip**

Phone (day) _____ (evening) _____ (cell) _____

Email _____

Special needs: (Dietary) _____
 (Allergies) _____

Home Church _____

Emergency Contact: _____

Name	Phone	Relationship
_____	_____	_____

Pricing Worksheet	
Registration Fee for Father and Son	\$134 _____
Additional person @ \$62	_____
Bed Linens @ \$8 per person	_____
Total	_____
Deposit enclosed \$25	Total Due at Registration _____

I/we waive any claim for me/us or my/our child that may arise against the camp and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

I give permission for persons registered to be photographed and or videotaped for promotional purposes.

Signature _____ Date _____