

Father Son Registration 2018

Saturday, October 13, 9 a.m.—Sunday, October 14, 1 p.m.

“Let the Games Begin”

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) _____

Church Attending _____

Emergency Contact: _____

Name

Phone

Relationship

Pricing Worksheet

Registration Fee for Father and Son \$135 _____

Additional person @ \$63 _____

Bed Linens @ \$8 per person (Optional) _____

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 _____