



West Tennessee Presbytery

2012 Camp Application – Registration Form

Office Use ONLY	Date Received _____
Date & amount paid _____	
Balance Due _____	
Scholarship _____	

Name _____ Age _____

Completed Grade _____ Date of Birth _____ Male/Female _____

Check the camp you wish to attend.

(Curriculum is age appropriate WTP Board of Christian Education)

Jr. Camp 1, June 11-16 **Jr. High Camp 1, July 16-21**
 Completed Grades 2-5 Completed Grades 6-8

Sr. High Camp, June 25-30 **Jr. Camp 2, July 22-27**
 Completed Grades 9-12 Completed Grades 2-5

CAMP FEE \$190 - LATE FEE \$25.00 – MUST BE POST MARKED & RECEIVE FORMS TWO WEEKS BEFORE CAMP DATE.

Name of Parent or Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Church attending/visiting _____

Email Address: _____

(Please print address **CAREFULLY-CONFIRMATION USE.**)

Who will pick up camper at the end of camp? _____

DISCLAIMER: T-shirts will only be available if director determines to incorporate the T-shirt into the week's curriculum, and/or if it is affordable for the week's camp in which you are applying.

Shirt Size: **Youth:** small medium large OR **Adult:** small medium large
 (Select one shirt size for camper's CCW t-shirt, if appropriate.) extra large XX large

Name one person you want to be in the cabin with: _____

Parent/Guardian: Please read and sign below:
I have read the CCW covenant and understand that if my child breaks the covenant and a decision is made to send my child home, that it will be at my expense. In case of medical emergency, I give permission for treatment. Please reach me at the following numbers in either of the above situations. My signature below gives CCW & BCE permission to photograph my child while attending camp for promotional reasons.

Phones: _____ Day _____ Night _____ Cell/other _____

Signature of Parent/Guardian Date

Other person to be contacted if I cannot be reached:
Name: _____ **Phone** _____