

CAMP WILDCAT

SUMMER CAMP REGISTRATION FORM



CAMP ATTENDEE INFORMATION (please fill one out for each child)

Full Name: _____ Age: _____ Date of Birth: ____/____/____
Grade for 2019/2020 school year: _____ Gender (circle one): Male Female
Current school: _____ City, ST: _____
Known Medical Problems or Allergies: _____

Additional information you would like to provide: _____

PARENT/GUARDIAN #1 INFO (where child usually resides)

Relationship: _____
Name: _____
Address: _____
City, ST Zip: _____
Home Phone: _____
Cell Phone: _____
Email address: _____
Occupation: _____
Employer: _____
Employer Address: _____
Employer City, ST, Zip: _____
Work Hours: _____
Business Phone: _____

PARENT/GUARDIAN #2 INFO

Relationship: _____
Name: _____
Address: _____
City, ST Zip: _____
Home Phone: _____
Cell Phone: _____
Email address: _____
Occupation: _____
Employer: _____
Employer Address: _____
Employer City, ST, Zip: _____
Work Hours: _____
Business Phone: _____

CAMP SELECTION

All camp weeks are Tuesday, Wednesday, Thursdays. Circle each camp week choice(s):

Week 1: 6/18, 6/19, 6/20 Week 2: 6/25, 6/26, 6/27 Week 3: 7/9, 7/10, 7/11 Week 4: 7/16, 7/17, 7/18

Camp Cost: \$125, per week, per student, or all 4 weeks for \$400

A \$25 per week nonrefundable deposit (\$100 for all 4 weeks) is due with this registration form. The remainder is due Friday, June 7th.

____ (Check here if interested) **I'm interested in volunteering at Elm Grove Lutheran's summer camp, Camp Wildcat!**