

**DAY CAMP REGISTRATION FORM**

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Camper Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

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Parent/Guardian Name \_\_\_\_\_ Home Congregation \_\_\_\_\_ Town \_\_\_\_\_

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Home Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

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Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Grade *completed* by the camper (circle one) 1 2 3 4 5 6

- Parents:
- \_\_\_\_\_ I am interested in being a Day Camp volunteer.
  - \_\_\_\_\_ I am interested in having some of the Crossways Day Camp Team stay at my home.
  - \_\_\_\_\_ I am interested in having the Crossways Day Camp Team at my home for dinner.
  - \_\_\_\_\_ I am interested in sponsoring another child who can't afford Day Camp.
  - \_\_\_\_\_ I am interested in donating supplies for Day Camp (i.e. arts & crafts, food, etc.).

Return this form with a \$ \_\_\_\_\_ deposit to \_\_\_\_\_ Lutheran Church

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