

YOUTH REGISTRATION FORM

(Please Print)

Last Name _____ First Name _____

Parent or Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____ Contact Name at Work Phone _____

Email Address _____ I understand that the deposit is non-refundable and non-transferable.

Grade in 2010-2011 _____ Birthdate _____ Age _____ Gender: _____ Male _____ Female

Church Name & City _____

Summer T-Shirt Size (Everyone will receive a t-shirt! Circle size, if you do not make a selection, an Adult Medium will be ordered for you.)

Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

CAMP INFORMATION

Camp Choice _____ Camp Emmaus _____ Lake of the Woods Bible Camp

Camp Program (i.e. Elementary Classic) _____

Week: 1st Choice _____ 2nd Choice _____

1 or 2 Camp Friends: _____

(Up to two camp friends can be requested when they EACH request each other!)

Parent or Guardian Signature _____

By signing this form, I give my child permission to attend camp and authorize the camp staff to seek necessary medical treatment in case of emergency or illness.

For Office Use Only: PM _____ DR _____ DEP _____ CHECK # _____ M/NM

Indicate any special physical, dietary or emotional needs here:

Send completed registration with non-refundable and non-transferable deposit to: Pathways, PO BOX 1187, Bemidji, MN 56619.