



	<i>OFFICE</i>	<i>USE</i>	<i>ONLY</i>	
	Date Paid	Check	Cash	Sch
Kamp				
Cd's				
Xtra Shirt				

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

IN EMERGENCY CONTACT: NAME _____ PHONE _____

ARE YOU AVAILABLE TO HELP THE WEEK BEFORE KID'S KAMP _____

T-SHIRTS \$10 MUST BE SUBMITTED WITH REGISTRATION FORM

IN ORDER TO GUARANTEE A T-SHIRT PAYMENT MUST BE RECEIVED BY June 6th

T-SHIRT SIZE

AXXL AXL AL AM AS YL YM YS

PLEASE CONTACT TINA SMITH 873-1991 OR ALLISON BARNES 312-5601 IF ANY QUESTIONS