



WE  
ARE  
ONE

P H I L I P P I A N S 1 : 2 7



FELLOWSHIP OF CHRISTIAN ATHLETES



1  
ONE

P H I L I P P I A N S 1 : 2 7

INSTRUCTIONS:  
PLEASE FILL OUT ALL SECTIONS ACCURATELY AND  
RETURN FORM TO CONFIRM YOUR ENROLLMENT.

### CAMP ENROLLMENT FORM

First Name \_\_\_\_\_ Gender: M F Address \_\_\_\_\_ Last Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ Email \_\_\_\_\_

#### STUDENT ENROLLMENT: Additional Student Information

School the camper will attend in Fall '17.  
\_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Birth date \_\_\_\_\_  
High School graduation year \_\_\_\_\_  
Grade-Fall '17 \_\_\_\_\_ Shirt Size \_\_\_\_\_

#### Parent/Guardian Information

Parent  Guardian  
Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

#### ADULT ENROLLMENT:

School or Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Shirt Size \_\_\_\_\_ Spouse's Shirt Size \_\_\_\_\_  
List family members to be housed with you.  
Spouse's Name \_\_\_\_\_  
Child's Name (non-campers) Gender Age Shirt Size  
\_\_\_\_\_ M F \_\_\_\_\_  
\_\_\_\_\_ M F \_\_\_\_\_  
\_\_\_\_\_ M F \_\_\_\_\_  
\_\_\_\_\_ M F \_\_\_\_\_  
Will you need a baby crib? \_\_\_\_\_

#### PAYMENT:

FILL OUT THE FOLLOWING TO COMPLETE ENROLLMENT

Total Cost of Camp ..... \$ \_\_\_\_\_  
Payment Amount..... \$ \_\_\_\_\_  
**PAYMENT TYPE**  
 Scholarship Amount..... \$ \_\_\_\_\_  
ORG # \_\_\_\_\_

Check Enclosed  
 Credit Card  
 DISCOVER  MC  VISA  AM. EX.  
Card Number \_\_\_\_\_ Exp. \_\_\_\_\_  
Card Holder's Name (Print) \_\_\_\_\_  
Card Holder's Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature \_\_\_\_\_