

PLEASE FILL OUT ALL SECTIONS ACCURATELY AND COMPLETELY, RETURN FORM WITHOUT DELAY TO CONFIRM YOUR ENROLLMENT.

CAMP ENROLLMENT FORM

Camp Code _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Phone _____ / _____ Email _____

STUDENT ENROLLMENT:

Parent Guardian Mr. Mrs. Ms.

Name _____

Home Phone _____

Work Phone _____

Email _____

School the camper will attend in Fall '14.

School _____

City _____

Birth date ____ / ____ / ____

High school graduation year _____

Grade/Fall '14 _____ Shirt Size _____

ADULT ENROLLMENT:

School/Business Name _____

Address _____

City _____ St. _____ Zip _____

Work Phone _____

Shirt Size _____ Spouse's Shirt Size _____

Spouse's Name _____

Child's Name (not enrolled as campers) _____ Age _____ Shirt Size _____

_____ M F _____

_____ M F _____

_____ M F _____

_____ M F _____

PAYMENT: Fill out the following to complete enrollment.

Student-Athlete \$ _____

Adult/Couple \$ _____

Child 1 \$ _____

Child 2 \$ _____

Child 3 \$ _____

Child 4 \$ _____

Total Enrollment Fees (Deposit must accompany each enrollment form.) \$ _____

Amount Enclosed: \$ _____

Other: \$ _____

Discover Mastercard VISA American Ex. Exp. Date: _____

Card Number _____

Card Holder's Name (Print) _____

Card Holder's Address _____

City _____ State _____ Zip _____

Signature _____



FELLOWSHIP OF CHRISTIAN ATHLETES

