



2011 Registration Date _____

Registration information Registrar: Mahlon Moon

All campers **must register** .

Head of Party: _____
Address: _____
City: _____ State: _____ Zip: _____
Vehicle Plate #: _____
Home Phone: _____ Cell Phone: _____
E-Mail Address: _____
Church You Normally Attend: _____
Accommodations Place and Number: _____
Do you need air conditioning? [] Yes [] No
Do you need wireless connection? [] Yes [] No
Days staying overnight? (Please circle appropriate days.)
Fri. Sat. Sun. Mon. Tues. Wed. Thu. Fri. Sat.
All names of others staying at the same location:

SPECIAL NOTICE:

I grant Chambers Wesleyan Camp and Ministry Center the right to take, print, and/or electronically use photographs/video of me and/or my child in connection with camp activities for such lawful purposes as publicity, illustration, advertising, and Web content. Signature: _____



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