

2020 Mount Oak Camp Registration

Camper Information:

Name: _____ Home Church: _____
(First) (Last)

Birthdate: _____ Gender: M F School grade in fall 2020: _____

Student email: _____ Student phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Information (please list parents in order they should be contacted):

Parent #1 Name: _____ Parent Cell Phone: _____
(First) (Last)

Address: _____ Parent email: _____

City: _____ State: _____ Zip: _____

Parent #2 Name: _____ Parent Cell Phone: _____
(First) (Last)

Address: _____ Parent email: _____

City: _____ State: _____ Zip: _____

Other people who may pick your child up from camp, who may be also contacted in an emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Do you, the parent, understand that your camper may be sent home for any inappropriate contact or behavior with another camper or counsel Yes No

Parent Signature: _____ Date: _____

