

June 15-19

\$30/camper

Mon.-Thurs 10 – 2

Youth Choir Members/Free

Fri. 10-1



PLEASE RETURN BY June 10th

In the weekly collection or the parish office

Name _____

Age/Grade _____

T-Shirt Size YOUTH/ADULT _____

Address _____

Dietary Restrictions / sensitivities _____

Parent/Guardian _____

Phone Number _____

Email _____

Emergency Contact _____

Phone Number _____

Medical Considerations _____

_____ I give permission for my child to be photographed or videotaped during camp.

_____ I DO NOT give permission for my child to be photographed or videotaped during camp.

(Signature)

(Date)