## 2019 Word of Life Camp Registration Form (Each Camper Must Submit a Separate Form)

Name (First, Last)		D.O.B (D/M/Y)			
Gender	Camp Age	School Grade Sept. '19			
Address					
Parish Postal Code					
E-Mail Address:					
Parent or Guardian N	lame:				
Address (if different	than above)				
Home Phone:	Work Phor	ne: Ce	II Phone:		
Dates Attending: Teens can attend	☐Teen Camp (ages 11-17) Week #1 July 15-20				
any two (2) of the	any two (2) of the Gamp (ages 11-17) Week #2 July 22-27 four (4) weeks.				
Please tick which weeks you prefer	☐ Teen Camp (	☐ Teen Camp (ages 11-17) Week #3 August 5-10			
	□Teen Camp (	(ages 11-17) Week	#4 August 1	2-17	
Free T-Shirt if registra	ation is postmarked b	y April 1st. $\square$ S	□ <b>M</b>	□L □XL □2XL	
Advance Registration	fee is non-refundabl	e and must accom	pany this fo	rm.	
Registration Fees:					
Registration fee Balance due July 1 <sup>st</sup> Total Late Fee (if posted after July 1 <sup>st</sup> )		\$50 <u>\$225</u> \$275 \$15			
Payment method:	□Check □Visa	□MasterCard	□Money	Order □Cash	
Credit Card Number					
Exp. Date	CVC:	Amount to Charg	e		
Authorized Signature	!				



## Admission Policy:

Admission to Word of Life Camps is open to all persons regardless of race, color or national origin. Insurance policy: Word of Life Camps is a non-profit, charitable organization dependent on God and His people. Those who use Word of Life's facilities and/or engage in related activities waive and release Word of Life from any claim for personal injury or property damage/loss. Attendees agree to carry insurance or have the resources to cover the expenses related to personal injury or property damage. Parental Authorization and Medical History: All campers and counselors are required to bring a current confidential medical history including immunization records with specific dates, and a parent/guardian's authorization for emergency medical care for campers. Additional applications and camp medical forms can be downloaded online at www.wolbermuda.org

Please send completed form to carla@wolbermuda.org