2022 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. '22			
Address					
Parish		Postal Code	·		
E-Mail Address:					
Parent or Guardian N	lame:				
Address (if different	than above)				
Home Phone:	Work Phone	e: Ce			
Tionic Filone.	Work Friend	c cc			
Dates Attending:	□Teen Camp (a	ges 11-17) Week	#1 July 18-23		
Teens can attend any two (2) of the three (3) weeks.	two (2) of the Teen Camp (ages 11-17) Week #2 August 1-6				
Please tick which weeks you prefer	☐ Teen Camp (a	☐ Teen Camp (ages 11-17) Week #3 August 8-13			
_	ation is postmarked by			⊐XL □2XL	
Registration Fees:			pa , a		
Registration fee Balance due July 1 st Total Late Fee (if posted a		\$50 <u>\$350</u> \$400 \$15			
Payment method:	□Check □Visa	□MasterCard	☐Money Order	□Cash	
Credit Card Number					
Exp. Date	CVC:	Amount to Charg	e		
Authorized Signature	•				

Please send completed form to carla@wolbermuda.org



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