REGISTRATION FORM

Shirt Size: Please Circle One

Child:	S	M	L	
Adult:	S	M	L	XL

❑ Returning camper ❑ 1st time Camp Hebron camper

Name _____

Address _____

City _____ State_____ Zip_____

Phone (_____)_____ (_____) _____

Home Cell

E-mail address (please print clearly)_____

Gender_____ Age at camp time_____ Date of Birth _____/_____/_____

Grade in school you will have completed before your week of camp_____

Program name and date registering for _____

_____

Requested cabin/shelter partner(s)_____

_____

Partner requests must be mutual.

Parent Signature _____

Printed Name _____

By my signature above, I verify that I am a custodial parent or legal guardian of this camper.

Name of other parent or person(s) with legal custody of this camper

_____

Deposit amount enclosed: $_____ ❑ Check ❑ MasterCard ❑ Visa ❑ Discover

				verification #

Exp. Date_____/_____ _____

Signature of authorized user

Name(s) of new camper(s) I have recruited:_____

_____

(See Page 4 or www.camphebron.org for details on this discount)

How did you hear about us?_____

Pastor's Name_____

Church Name and mailing address_____

_____

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