



Camp Registration Form/Payment Receipt

POWER

URBAN

SUMMER CAMP

Parent/ Guardian: _____

Child: _____

Does your child have any allergies, if so: _____

Parent/ Guardian Phone #: Home: _____

Cell: _____

Emergency: _____

How will your child get to and from camp daily? Please check one

- My child will be walking
- I will transport my child
- I would like for my child to participate in the camp extended time

What is your child's T-shirt size? Please circle

Small

Medium

Large

X-Large

XX-Large

Parent/ Guardian: _____

___ Camp Cost: \$390 ___ Extended Time: additional \$90 Date: _____

Signature: _____

Contact our church office at 410-342-7313 or email us at POWER@newchristsent.org for more information about the cost and dates of the camp

