ADULT REGISTRATION FORM (NEED 1 PER PERSON)

Name			
	First	Middle	Last
Address			
City		State	Zip
Phone _		Email	
Gender	for Cabin Assi	gnments - Male Fe	emale
Church _			
or coach		r over and coming to (ay for, help supervise,	Camp as a chaperone, staff, and bless these kids!
Please a	nswer these qu	estions as they apply	you:
-	u have any medi 'ES, please expla		imitations? <u>Yes</u> No
-	u have any allerg ES, please expla	gies that we should be awa	are of?YesNo
•	u have any speci ES, please expla	al dietary needs? in:	Yes No