

## AUGUSTANA SUMMER TEEN MUSICAL CAMP!

- Please fill out a separate form for each participant. Feel free to copy this form.
- *There is no fee for this camp, but registration must be completed by June 12, 2017.* Cancellations must be made *two weeks* prior to the first day of camp.
- If you have any questions, contact Kim Zemple at 457-3373 or kimzemple@yahoo.com.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade completed as of 6/17 \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

What is your church home? \_\_\_\_\_

Name(s) of Parent/Guardian \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Active e-mail address \_\_\_\_\_ May we use this to contact you? \_\_\_\_\_

We **MUST** have an emergency contact on file who we can contact if necessary (list 2):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Any allergies, medical or other concerns we should know about? \_\_\_\_\_

Parent or Guardian, please initial:

I authorize Augustana Lutheran Church to obtain emergency medical care for my child if necessary.

I will allow my child's photo to be taken for publicity purposes.

\*\*\*\*Turn Registration Form into the Church Office\*\*\*\*

Parent or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_



**COME JOIN US  
FOR  
AUGUSTANA'S  
SUMMER  
TEEN MUSICAL  
CAMP!**

**Grades 7 ~ 1st yr College**

**(completed as of 6/17)**

**July 17th ~ 21st**

**9:00 am ~ 2:00 pm**

**Register now!**