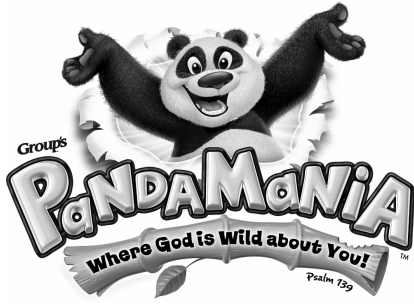


SUMMER BLAST CAMP

2011 REGISTRATION FORM FOR AGE 4 - GRADE 5

Please complete one form per camper. Additional forms are available at www.fpcb.org.



First Presbyterian Church of Bakerstown
PO Box 127
Bakerstown, PA 15007
Phone: (724) 443-1555
Fax: (724) 443-5223
www.fpcb.org

CAMPER'S NAME: _____
Last First HOME PHONE: _____

PARENTS: _____
Father WORK PHONE: _____

_____ Mother WORK PHONE: _____

HOME ADDRESS: _____
Street City Zip

E-MAIL ADDRESS: _____

BIRTH DATE: _____ AGE: _____ MALE _____ FEMALE _____ SCHOOL GRADE COMPLETED in '11: _____

CHURCH YOU ATTEND: _____

NUMBER OF YEARS YOU HAVE ATTENDED SUMMER BLAST CAMP _____

LIST ANY ALLERGIES YOUR CAMPER HAS: _____

PLEASE LIST AND EXPLAIN ANY SPECIAL PHYSICAL OR PSYCHOLOGICAL NEEDS OF YOUR CAMPER: _____

PLEASE CIRCLE YOUR CAMPER'S T-SHIRT SIZE:

youth small (size 6/8) youth medium (size 10/12) youth large (size 14/16)

adult small (32/34) adult medium (36/38) adult large (40/42) adult xl (44/46)

CREW REQUEST: 1. _____ 2. _____

We will try to place your camper with at least one of your requested crew mates.

ATTENDANCE:

If your child is not attending all 5 days of Summer Blast Camp, please list what days he/she will be attending.

FOR OFFICE USE ONLY

CK# _____ #CD _____

See other side.

EMERGENCY CONTACT:

In the event that you cannot be reached in an emergency, please list two alternate contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

NOTE: If a sitter will be picking up your camper one or more days, please give us the name and phone number for our records:

Name: _____ Phone: _____

TUITION TO ACCOMPANY THIS REGISTRATION: \$18.00 for each camper. We don't want any camper to miss out because of cost. Contact Sandy Floyd for scholarship information.

MUSIC CD: I would like to purchase a *PandaMania* music CD at \$7 each. Payment enclosed. # of CD's ____.

Please make check payable to: First Presbyterian Church of Bakerstown - memo line: Summer Blast Camp.

I am registering my camper in Summer Blast Camp, July 11 - 15, 2011

Signature of Parent or Guardian Date: _____

PARENTAL RELEASE FORM

In event of an emergency and I cannot be immediately contacted, I hereby give my permission for the attending physician and/or the treating hospital to provide necessary medical attention to my minor child. Our family health insurance policy company and number are:

_____ # _____

I give permission for _____ to attend Summer Blast Camp at First Presbyterian Church of Bakerstown. I hereby release First Presbyterian Church of Bakerstown, and its Session, officers, employees, and volunteers of any liability in case of accident or injury during these activities.

Signature of Parent or Guardian Date: _____

Signature of Parent or Guardian Date: _____

**Return your registration form by June 1 to the church office to be guaranteed a t-shirt.
Please call me about opportunities where I can help at Summer Blast Camp 2011 ____.**

How did you hear about Summer Blast Camp? Member First Presbyterian Church of Bakerstown _____

Media, newspapers or banners ____ Past camper ____ Other ____