**2024 Freedom Fellowship Church Camp Registration Form**

18 AND OVER FORM

RETURN THIS FORM

**FORM and MONEY DUE MAY 5,2024**

**$20 late fee for any forms turned into Katelyn Stewart or Cassandra Price after the due date**

**Camp Date: June 17-21, 2024**

**Cost: $80** for campers and counselors (If you are just visiting and wish to eat with us, please pay $10 per day for your meals thank you**)**

**Desired position at camp (please circle):**

**Camper Counselor Staff Kitchen Pastor Security Team**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female

First Last Middle Name you like to be called

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ (day time)

Emergency Phone (if number above is unable to be reached)

Name/Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFO \*THIS INFO IS MANDITORY\***

**This form must be COMPLETELY filled out (please use back if you need more room)**

 Physician’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_

Any medical treatment the camper is currently under: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medications currently taken on a regular basis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List **ANY** allergies of camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form and your $65 registration fee to Katelyn Stewart or Cassandra Price or by mail 8656 Morral Kirkpatrick Rd E Galion, OH 44833

For further information call Katelyn at (740) 262-7469 or Cassandra at (419) 834-3304

Make checks payable to Freedom Fellowship Church Camp

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**T-Shirt Size**

Please circle **ONLY** **1** option

**Solid Color** or **White** T-Shirt

Youth size: XSm Sm Med Lg XL

Adult size: Sm Med Lg XL 2XL 3XL 4XL 5XL

I give permission for Freedom Fellowship Church Camp to use an publish my photograph for educational and promotion purposes without compensation, such as social media and presentations. Please check 1 option and sign below.

\_\_\_\_I give permission \_\_\_\_\_I do not give my permission

**Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**

A BACK GROUND CHECK WILL BE DONE ON ANYONE ATTENDING CAMP 18 AND OVER SO PLEASE BE SURE TO FILL OUT THIS FORM COMPLETELY

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