

Crossways Camping Ministries

Youth Registration

Mail to: Crossways Camping Ministries, 16 Tri-Park Way, Appleton, WI 54914
Fax to: 920-882-9474

TO REGISTER FOR SUMMER CAMP: Complete this form and mail or fax it to Crossways Camping Ministries Office. Form must be signed by parent/guardian. A \$100 non-refundable deposit is required for registration.

Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Grade Completed by 6/10: _____ Birthdate: ____/____/____

Email: _____ Check to receive your receipt and all camp materials by e-mail

Parent Name(s): _____ Cell Phone: _____

Church: _____ City: _____

Check Camp Attending: <input type="checkbox"/> Imago Dei Village <input type="checkbox"/> Pine Lake Camp <input type="checkbox"/> Waypost on Mission Lake	Program Name: _____ Program Date: _____ List one roommate request: _____
Payment By: Check <input type="checkbox"/> Credit Card <input type="checkbox"/> (all major cards accepted)	Program Fee: _____ Your Deposit: _____
Credit Card No: _____	Exp Date: _____
Name on Card: _____	
Signature: _____	

Parent Signature: _____ Date: _____

(Signature required for registration) Parent Release: I consent to allow the above person's participation in the listed program, consent to medical treatment in the case of emergency, and in the event of disruptive behavior, agree to pick this person up upon notice.

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