

# 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 6/11: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parent Name(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_

<b>Check Camp Attending:</b> <input type="checkbox"/> Imago Dei Village <input type="checkbox"/> Pine Lake Camp <input type="checkbox"/> Waypost on Mission Lake	<b>Program Name:</b> _____ <b>Program Date:</b> _____ <b>List one roommate request:</b> _____
<b>Payment By:</b> 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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