



2010 Young Adult Weekend REGISTRATION FORM

PRINT CLEARLY

FOR OFFICE USE ONLY
Date rec'd _____
Camper # _____ / _____
Deposit only _____ Fully Paid _____
Information Complete _____

CAMPER INFORMATION:

Last name: _____ First name: _____

Male ____ Female ____ Date of Birth: (mm/dd/yy) _____ / _____ / _____ Age as of Dec 31, 2010: _____ yrs

Mailing Address: _____

City: _____ Postal Code: _____

Email address: _____

Health Insurance Number (REQUIRED) : _____

Young Adult Weekend	18 yrs and up	July 30 th – August 2 nd	\$50.00 (after July 1 st \$75.00)	\$
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Emergency Contact Information:

1. Name: _____ Relation to Camper: _____

Phone Number: _____

2. Name: _____ Relation to Camper: _____

Phone Number: _____

Please mail completed form and payment to:

**Strawberry Point Christian Camp,
c/o Verna Tallman,
RR 1,
Mindemoya, ON
P0P 1S0**