

Central Mission Community of Christ Camp Registration Form

One form may be used for a single camper to list all camps **except SPEC.**

Camp(s) Attending	Fees Owed	Anticipated Campership	Campership Source
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Totals	\$ _____	\$ _____	_____

Please make check payable to: **Mission Center Bishop.**

Mail to: Central Mission Center, 500 West Pacific, Independence, MO 64050 Attn: Sylvia

A \$50 nonrefundable/nontransferable **deposit** must be paid for **each camp** attending at the time of registration.

All fees and/or camperships must be paid **in full one week prior** to camp start date.

Camper Info (Circle one)

Name _____

Last
First
Middle

Preferred Name _____
 Gender: Male Female

Date of Birth _____ Age _____ Grade _____
List Grade completed by camp start date

Address _____

E-mail Address _____ Phone _____

Congregation/Church _____
 Roommate Preference _____
(Only One)

Parent Info Contact

Custodial Parent/Guardian

Name _____ Home Phone _____

Address _____ Pager _____
If different from camper
 _____ Cell Phone _____

Work/Address _____ Work Phone _____

Custodial Parent/Guardian

Name _____ Home Phone _____

Address _____ Pager _____
If different from camper
 _____ Cell Phone _____

Work/Address _____ Work Phone _____

Persons (other than parents) allowed to pick up child from camp: T-Shirt Adult Child(Jr./Children's Only)

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