Registration

Your Name _____

Spouse Name _____

Address_____

City _____State _____Zip _____

Phone (_____)_____

Church Attending _____

E-Mail Address _____

Payment

❑ I am enclosing a check or money order of $55.00-Single Registration.

❑ I am enclosing a check or money order of $85.00-Couple registration.

❑ $10 late fee if registering after April 23rd.

❑ Please charge $_____ to my: ❑ Visa ❑ MasterCard

Name on Card _____Exp_____

Cardholder's Signature_____

Card Billing Address: _____Zip_____

Childcare

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Medical Release

in case of a medical emergency, permission is hereby granted to the physician and/or emergency personnel selected by the Camp Director to hospitalize and/or secure proper treatment of the individual named above. Eagle Fern Camp, it's director, and other volunteers shall be held harmless for securing such required medical treatment. Parent signature required if under age 18.

Print Name _____

Signature _____

Emergency Contact _____

Emergency Contact Phone _____

Physician_____Phone _____