

Iglesia De Jesucristo Inc.

Campamento Juvenil 2010

Palomar Christian Conference Center

Please Complete form, sign form, and mail it with deposit.

Camper Information

Name: _____ Date of birth: _____ Male ___ Female ___ Age ___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email address: _____

Name of Church: _____ Pastor: _____

How did you hear about the camp? _____

Parent Information

Father's Name: _____ Mother's name: _____

Father's Home phone: _____ Mother's Home phone: _____

Father's Cell phone: _____ Mother's Cell phone: _____

In Case of Emergency Notify

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Health Insurance: _____

Dates of Camp: August 20, 21, 22, 2010

Total Deposit by April 10, 2010 \$ 65.00

Total cost By July 1, 2, 3, 2010 \$135.00

Make checks payable to: *Iglesia de Jesucristo* and send this application, I Agree to full responsibility for my actions, and their consequences during my participation in the program. I also take responsibility for any injury or property damage during my stay in this Camp Site (Palomar Christian Conference Center). I agree that any decision made by the staff will be binding upon the applicant. I grant permission for the applicant to participate in all camp activities. I/we have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the applicant hereafter.

Parent/Guardian Signature: _____ Date: _____

Applicants Signature: _____ Date: _____