



Initial Registration Form



Participant's Name (print) _____

Participant's Grade (2018-19 School Year) _____

Participant's Birthdate _____

Phone Number _____

Email _____

Address _____ City _____ Zip Code _____

Name & Location of Parish you attend: _____

School you attend _____

I WOULD LIKE TO ATTEND ADVENTURE CAMP: June 24th-29th 2018.
I have enclosed my **non-refundable** registration deposit of \$50.00.

I give my son/daughter permission to attend Adventure Camp. I, as a parent, along with my son/daughter, are committed to this event, which will include participation in all meetings, along with reading & complying with Adventure Camp policies & packing requirements. I acknowledge that more information & releases will be required for my son/daughter to participate in Adventure Camp. In addition, I understand that further payments for Adventure Camp will be required by April 1, 2018 (\$50.00) and that missing a payment may vacate my son/daughter's spot at Adventure Camp. I know that refunds will not be given in the event my son/daughter's spot at Adventure Camp is vacated. I recognize that fundraising opportunities are available to help defray camp expenses my son/daughter & I are willing to put forth the effort to participate.

Youth Signature _____ Date _____

Parent name (print) _____

Parent Signature _____ Date _____

Return form & deposit payment to Lynn Barr, St. Agnes Catholic Parish, 6101 Zinser St, Weston, WI 54476
Registrations will be accepted until camp is filled. No registration will be accepted without a deposit payment.
Makes checks payable to St. Agnes Catholic Parish (Memo: Adventure Camp)