



RESURRECTION HIGH SCHOOL SCHOOL
YOUTH SUMMER DAY SERVICE WORK CAMP 2012
REGISTRATION FORM

(Please Print)

Camper's Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Adult T-Shirt Size: _____

School
Attending: _____

Grade in
Sept. 2012: _____ Birthdate: _____

Mother's Name: _____

Father's Name: _____

Parent E-mail: _____

Parent Cell/phone: _____

Check camp attending _____ June 25 – June 29 _____ July 2 – July 6
If camper is attending both weeks, check off both weeks, and there is a \$25.00 deposit per week required.

Date Received Registration Deposit (\$25.00) _____

Ck# _____ Cash _____

Payment Date: _____ Ck# _____ Cash _____

Payment Date: _____ Ck# _____ Cash _____