



VOLUNTEER REGISTRATION FORM

Child's Name: _____ Child's Gender: _____

Child's Age _____ Date of Birth: _____ grade entering: 6 7 8 9 10 11 12
circle one

Parent/Guardian Name(s): _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: (_____) _____

Parent/Caregiver Cell Phone: (_____) _____

E-Mail Address: _____

Volunteers will be given a camp leader T-shirt. Please circle T-shirt size below.

Adult small Adult medium Adult large Adult X-large Adult 2X-large

