

2010 FCBC Family Camp Registration

	Camper Gender		Language	Relationship	Age if minor	Need Bus	Room Type	Fee
		M / F	E only / E&C / C only				Std / Dlx	
1.	_____			_____	_____			_____
2.	_____			_____	_____			_____
3.	_____			_____	_____			_____
4.	_____			_____	_____			_____
5.	_____			_____	_____			_____
6.	_____			_____	_____			_____
7.	_____			_____	_____			_____
							Total	_____

Rates	Std	Dlx**
Adult (early-bird)	\$145	\$190
Adult (regular)	\$160	\$205
Children and childcare workers attend free!		
** Deluxe housing includes towels and linens.		

Daytime Phone: _____

Cell Phone: _____

E-Mail Address: _____

Notes/Requests: _____

Part-Time Campers:

Expected Arrival	Date: _____	Time: _____
Expected Departure	Date: _____	Time: _____

Camp Staff Use:

Date	Amount Paid	Balance	Initial
_____	_____	_____	_____
_____	_____	_____	_____

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Health Insurance Co. _____

Policy No. _____

	Camper #1	Camper #2	Camper #3	Camper #4	Camper #5	Camper #6	Camper #7
Name of Camper	_____	_____	_____	_____	_____	_____	_____
Age	_____	_____	_____	_____	_____	_____	_____

Have you had any of the following?

Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
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- Recent illness
- High blood pressure
- Heart trouble
- Upset stomach
- Frequent or severe headaches
- Ear, nose, or throat trouble
- Dizziness or fainting spells
- Shortness of breath
- Asthma
- Frequent colds
- Diabetes

List allergies and/or allergic reactions
(please identify family member)

List all medications taken
(please identify family member)

Should it be necessary for my child or me to have medical treatment while at camp, I hereby give the person in charge permission to act on our behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve said church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment.

Signature _____

Date _____