

Name\_\_\_\_\_

Male\_\_\_\_\_ Female\_\_\_\_\_ Age\_\_\_\_\_ Grade\_\_\_\_\_

Church\_\_\_\_\_

(name, city, state)

Attending Chaperone \_\_\_\_\_

The following MUST be completed!

Local emergency contact \_\_\_\_\_

(name & phone number)

Saturday Lunch Yes / No (circle one)

Overnight Housing (check one)

Boys (Fellowship building) Girls (Christian homes)

If possible, I would like to have these housing buddies:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Special Needs: \_\_\_\_\_