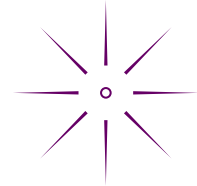


The Journey

2017 Registration Form

May 20, 2017



Girl Information

Last Name: _____ First Name: _____ MI: _____

Grade Fall 2017: _____ Birthdate: _____

Address: _____ City _____ State _____ Zip _____

Attending Church: _____

Food/Environmental Allergies _____

Medical Conditions _____

Parents Information

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone Number (s) _____

2nd Parent Information (if not living in home)

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone Number (s) _____

The girls and mothers will be offered breakfast and lunch. The mother, father and girls will be offered a banquet style dinner.

Please indicate how many for each meal.

Breakfast

____ Mom

____ Girl

Lunch

____ Mom

____ Girl

Dinner

____ Mom

____ Father

____ Father

____ Siblings

(Each family's preference on sibling attendance-some families may want this to be for their Journey Girl only.)

Release Section

-I give Camp Christy permission to use my child's picture for promotion

-I release Camp Christy from liability on accidental injury to my child during their activities on Camp Christy property.

If not signed your child will not be allowed to participate in these activities.

Parent Signature _____ Date _____



Please Register by May 1st.

Because of the intensity this event is restricted to 24 girls