

**Pine Summit
2008 Summer Teen Camp
Camper/Counselor Roster**

Church Name: _____ Camp Dates: _____

Please indicate in the gender box if the person is a counselor (F/C) or (M/C)

	Last Name	First Name	Gender	Grade	Address	City	State	Zip
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Return this form 1 month prior to camp start date								
Please print								