

Children's Music Mini-Camp
White Oak Conference Center
July 21-23, 2008

Return this form to:
Worship & Music Office
190 Stoneridge Drive
Columbia, SC 29210-8254

Please Print

For office use only

Received: _____

Camper Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female

What grade will you be completing in 2008? 1st 2nd

Date of Birth: _____

T-Shirt Size	
<input type="checkbox"/> Youth Small (6-8)	<input type="checkbox"/> Adult Small
<input type="checkbox"/> Youth Medium (10-12)	<input type="checkbox"/> Adult Medium
<input type="checkbox"/> Youth Large (14-16)	<input type="checkbox"/> Adult Large

Additional Information (Special needs, etc): _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Email Address: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Church Information

Church Name: _____ Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email: _____

Contact First Name: _____ Last Name: _____

Chaperone Information (Must be 21 or older)

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: (____) _____ Church Position (if any): _____

Gender: Male Female

Age: 21-30 31-40 41-50 51-60 61+