

TRINITY BAPTIST CHURCH
Christmas Break Camp Registration Form

Child's Name: _____

Child's Grade: _____

Parent's Name: _____

Address: _____

Street

City

Zip

Emergency Contact Names and Telephone Numbers: (Please list these in the order we should call)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Dates my child will attend:

- Monday, December 22, 2008
- Tuesday, December 23, 2008
- Wednesday, December 24, 2008
- Monday, December 29, 2008
- Tuesday, December 30, 2008
- Wednesday, December 31, 2008
- Friday, January 2, 2009

Camp will be closed: December 25th, 26th, and January 1st.

(Please do not write in this area)

CAMP USE ONLY

Date received: _____

Payment received: _____