TRINITY BAPTIST CHURCH
Summer Day Camp Registration Form

Child's Name: _____ Child's Grade Now: _____

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:

- ❑ June 8-12.....Ahoy There, Mates (Pirates)
- ❑ June 15-19.....Backstage with the Bible
- ❑ June 22-26.....Creation Adventure (Sky, Sea, Land)
- ❑ June 29-July 3 .....SC People, Places & Celebrations
- ❑ July 6-10.....Knights, Castles & Dragons
- ❑ July 13-17.....Take Flight
- ❑ July 20-24.....Marvelous Men & Wonderful Women
- ❑ July 27-31.....Sweet Week
- ❑ August 3-7.....Swamp Thing
- ❑ August 10-14.....I'm Clueless
- ❑ August 17-Start of School.....Lost Days of Summer

Finalized dates must be submitted by **June 2nd**!

(Please do not write in this area)

CAMP USE ONLY

Date received: _____ Registration Payment received: _____