



**POWER**

**URBAN**

**SUMMER CAMP**

## Camp Registration Form/Payment Receipt

Parent/ Guardian: \_\_\_\_\_

Child: \_\_\_\_\_

Does your child have any allergies, if so: \_\_\_\_\_

Parent/ Guardian Phone #: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency: \_\_\_\_\_

How will your child get to and from camp daily? Please check one

- My child will be walking
- I will transport my child
- I would like for my child to participate in the camp extended time

What is your child's T-shirt size? Please circle

Small

Medium

Large

X-Large

XX-Large

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Parent/ Guardian: \_\_\_\_\_

\_\_\_ Camp Cost: \$390 \_\_\_ Extended Time: additional \$90 Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact our church office at 410-342-7313 or email us at [POWER@newchristsent.org](mailto:POWER@newchristsent.org) for more information about the cost and dates of the camp

