#### middle.school camp \_JUNE 16-21



#### high school camp JUNE 23-28

## 2013 YOUTH CAMP REGISTRATION

| ☐ MIDDLE SCHOO<br>[6th grade complet |   |             | completed]      | P  |
|--------------------------------------|---|-------------|-----------------|--|
| □ Standar                            | rd Registration: \$280 (postma<br>d Registration: \$290 (After M<br>Camp: \$310 (Walk Up) |             | ny 16th)        | Early Bird<br>Registration<br>& Deposit<br>Ostmarked |
| 100 Deposit req                      | uired with registration to s  | secure s    | pot.            | -0.13  |
| Name:                                |   | Age:        | Sex:            |  |
| Address:                             | City:   | ST:         | Zip:            |  |
| Home Phone: ( )                      | Student Mobile: (   | )           |                 |  |
| With my parent's permission, I would | like to receive txt updates? 🗖 Yes 🗆  | No (Par     | ent's Initials: | )  |
| Student's email address:             |   |             |                 |  |
| School:                              | Grade   | completed t | his year:       |  |
| Home Church:                         |   |             |                 |  |
| Youth Pastor/Leader:                 |   |             |                 |  |
|                                      |   |             |                 |  |

**NOTICE:** ALL CAMPER REGISTRATION FORMS MUST BE TURNED IN TO YOUR YOUTH PASTOR/CHURCH LEADER. **DO NOT MAIL** DIRECTLY TO DISTRICT or YOUTH CAMP! Forms must be processed by Youth Pastor/Church Leader before mailing to District!

Adult T-shirt Sizes (circle one):

YOUTH PASTOR/LEADER: See Important Registration Instructions on Side 2 of this Registration Form.





XL

M

L

**XXL** 

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Camper Name:



## high school camp JUNE 23-28

#### ADDITIONAL INFORMATION:

| Father/Guardian Name:  | Mother/Guardian Name:  |  |
|--|--|--|
| Father/Guardian Mobile: ( )  | Mother/Guardian Mobile: ( )  |  |
| Parent email address:  |  |  |
| Insurance Company:   |  |  |
|  | Member's Name:   |  |
|  |  |  |
| Medications being taken:   |  |  |
| CONSE  | NT & MEDICAL RELEASE   |  |
| In the event of a medical emergency, I do he<br>member of Victory Mountain Youth Camp/N<br>decisions regarding treatment for my son/da | reby give my permission for the responsible leader, adult sponsor, or staff C East District Wesleyan Youth Staff to make any necessary medical ughter without the necessity of notifying me, and do further agree to hold center for rendering such services. I do understand that if an emergency |  |
| I also give permission for my student to be in phot  | o or video promotions for Victory Mountain Camp. 🗖 Yes 🗖 No  |  |
| Signature of Parent/Guardian:  | Date:  |  |
| Printed Name of Parent/Guardian:   |  |  |

#### YOUTH PASTOR/LEADER: REGISTRATION INSTRUCTIONS:

[STEP 1] Print or Copy registration forms for your youth.

[STEP 2] Download & complete registration spreadsheet from www.nceyouth.com.

[STEP 3] Collect completed forms & deposit from your youth.

[STEP 4] Complete registration spreadsheet for your entire group.

[STEP 5] Email completed registration spreadsheet to psurrett@covingtonwesleyan.com

[STEP 6] Mail ALL completed registration forms & ONE CHECK payable to NC East Youth before registration deadline to:

Covington Wesleyan Church c/o Pastor Phil Surrett 3218 Vance Street Extension Reidsville, NC 27320

[STEP 7] Bring ONE CHECK upon arrival at Camp to complete the registration for your entire group (Sunday from 3-5pm)

Send any registration questions to psurrett@covingtonwesleyan.com.