

Camp Can Do Registration Form

June 1-July 30, 2010

Once we receive your registration, you will receive a packet to fill out and return it completed before Tuesday, May 4, 2010.

Child's Name: _____, _____, DOB: _____
(last) (first)

Age: _____ Completed Grade: _____ T-shirt size* _____ # of Shirts _____

Full time or part time (circle one): M-F MWF

Child's Name: _____, _____, DOB: _____
(last) (first)

Age: _____ Completed Grade: _____ T-shirt size* _____ # of Shirts _____

Full time or part time (circle one): M-F MWF

Child's Name: _____, _____, DOB: _____
(last) (first)

Age: _____ Completed Grade: _____ T-shirt size* _____ # of Shirts _____

Full time or part time (circle one): M-F MWF

**One t-shirt is provided for each child. Additional t-shirts are \$10.*

Child Sizes: CS, CM, CL, CXL Adult Sizes: AS, AM, AL, AXL

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Address: _____

Home Phone: _____ E-Mail: _____

Are you a member or attend St. Andrew's UMC? Yes NO

Total Registration: _____

(Please make checks payable to: St. Andrew's UMC Camp Can Do)

Office Use Only

Date Rec'd: _____ Pmt. Rec'd: _____ Packet Sent: _____